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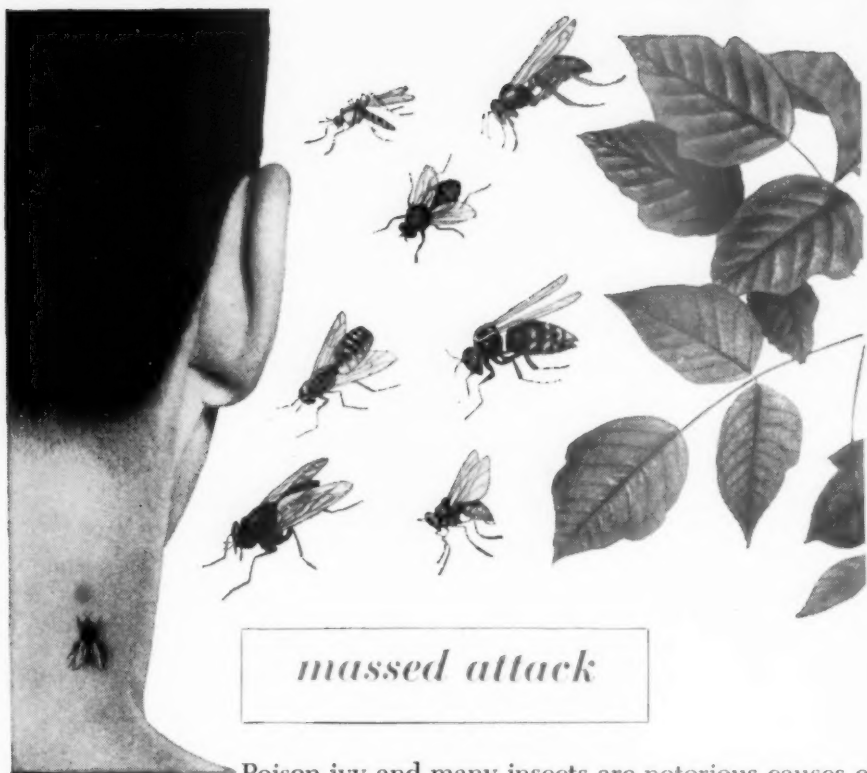
1950



R.N.

June • 1950

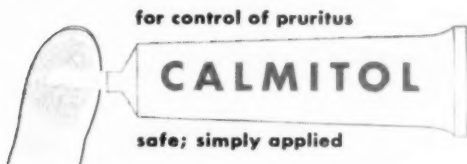
1950



massed attack

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Hyoscyamine oleate
Menthol

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RN

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Vol. 13, No. 9

Circulation 150,000 registered professional nurses monthly. Copyright 1950. The Nightingale Press, Inc., Rutherford, N.J. Lansing Chapman, Publisher. 25c a copy, \$3 a year for inactive nurses. Canada and foreign, \$3.50.

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psoriasis
alopecia
ringworm
athlete's foot

... and other skin conditions not caused by or associated with systemic or metabolic disturbances often respond in dramatic fashion to MAZON therapy. Prescribe pure, mild MAZON SOAP for cleansing of the area and MAZON OINTMENT to be rubbed in well, leaving none on the skin. MAZON is greaseless; requires no bandaging.

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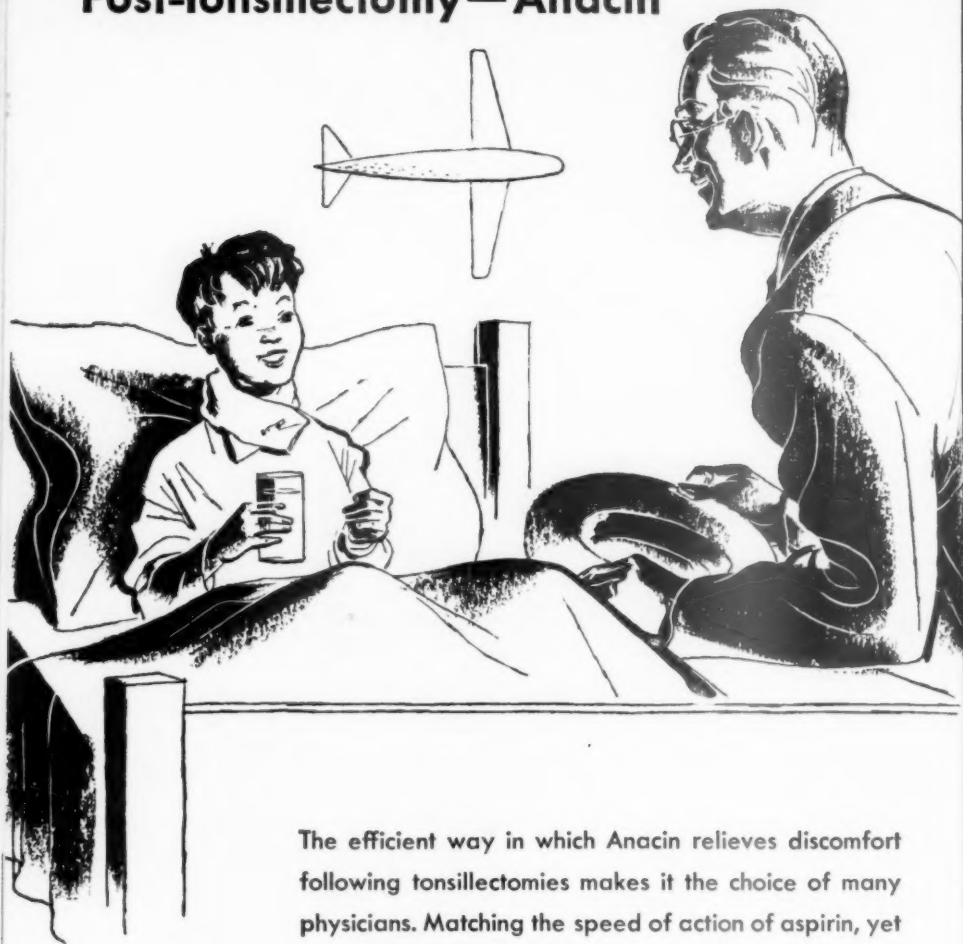
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Debits & Credits

Basic Need

Dear Editor:

I have just read your editorial in the January R.N.

I too am concerned about the new organization, the National Organization of Hospital Schools of Nursing, but it seems to me the ANA hasn't done much to alleviate the shortage of nursing. To make college students out of all who wish to nurse isn't going to do it either, and I'm not surprised that some one stepped in to help them out. If there were a full quota of student nurses in schools, there would not be this hysteria that is justifiable in the mind of the public. Some one must take care of the sick at the bedside, and it won't be the nurse with the M.A. degree.

I have a B.S. degree in nursing education, but I don't think that it is the first requirement for a good bedside nurse.

GRACE DECKER, R.N.
SAN ANGELO, TEX.

Almost Converted

Dear Editor:

When a nurse out of the class of 1912 reads the article by Mr. Zealley [R.N., Dec., 1949] she is con-

verted—almost. Then she remembers the many nursing duties which have been added to the job of caring for the sick and she swings back to the idea of the day—delegating to each of the “dozen different levels of people who are to care for the sick,” the care that he or she is prepared to give.

No real nurse wants to cease caring for the sick. But no nurse can give the time consuming bedside care given to all patients regardless of degree of illness and also administer the many more technical skills now required of her. We who were taught a bed bath back in 1910-11-12, were taught more than applying soap and water and the order in which to proceed. The bed bath, when done as it should be done, is time consuming. It would be interesting to know how many hypos and medications a nurse can give in the time it takes to give a bed bath. Oh, not the kind given by the nurse who was assigned 11 baths in one morning, but the kind the author of “An Open Letter”



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• SHORT

• PARTICULAR

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would like to receive if he were a patient.

When the author asks—"Will you any longer be a nurse?" we ask ourselves, "If these added, more technical skills are not nursing, why then are they relegated to the nurse?"

(MRS.) LILLIAN O. RICHARDS, R.N.
SALT LAKE CITY, UTAH

May His Tribe Increase

Dear Editor:

I think security and comfort are the two things patients need most. As Mr. Zealley points out, even the slightest task can be used for observation and in many cases this observation is of great value. These tasks are not "menial"—they are a very definite part of nursing care. I wish our leaders who are so hepped on educational standing would listen more closely to Mr. Zealley and Janet Geister, so the entire profession could profit by their good common sense.

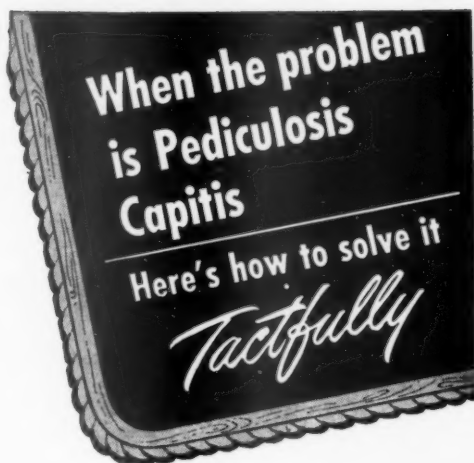
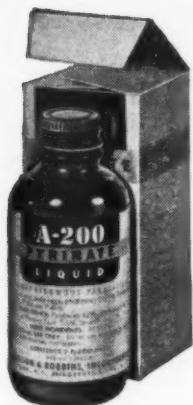
MONTEZ D. DAVIS, R.N.
DECATUR, ILL.

Nurses Needed

Dear Editor:

Alaska needs well qualified public health nurses. Positions for such nurses are open in itinerant areas where nurses carry on a generalized public health program, often without immediate medical service. Minimum qualifications are: graduate of accredited school of nursing, completion of a program of study in public health nursing, and at least two years of satisfactory experience

June R.N. 1950



It is embarrassing to the nurse when a parent must be told that a child has lice. Here's how to get around it gracefully, and win the gratitude of the mother.

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in a general public health nursing program, one of which was under supervision. Ability to get along with and to work with people is important. Further information may be obtained from the Director of Public Health Nursing Division, Alaska Department of Health, Juneau, Alaska.

VERA D. KNICKERBOCKER, R.N.
JUNEAU, ALASKA

Another Source

Dear Editor:

Please allow me to congratulate you on the very splendid and informative article in the March R.N., "Euthanasia and the Moral Viewpoint," by the Rev. Timothy O'Connell, D.D. It may interest nurses to know that the author of this paper has a very helpful booklet called *Morality in Medicine* with valuable information from the Catholic nursing viewpoint. A reprint is now off the press and may be obtained for one dollar from The Archbishop's Residence, Lake Street, Brighton 35, Mass.

The R.N. in general is very timely and helpful. We appreciate especially the *Drug Digests*.

SISTER MARY SIENA, R.N.
NEW YORK, N.Y.

Dedicated Profession

Dear Editor:

I trained in the "dark ages," or so it seems now, in view of the highly technical and specialized course given to nurses today. However, at the risk of being considered trite, I



"Patients just love them"



FLOWERS-BY-WIRE arrive and stay garden fresh, fill the room with a gay, warm "get well" air. F.T.D. FLORISTS send FLOWERS for hospitals prearranged in attractive vases containing chemical "long life" water. No special handling necessary!

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still believe that basically nursing principles have not changed, and a nurse, a good one, is still born, not made. By that I mean the intangible something which motivates a girl to enter a school of nursing has its origin deep in the character of that girl, and springs from a spiritual rather than a material source. There lies the difference between nursing as a profession and the other chosen vocations.

I maintain that a "good nurse" is one who never loses the original purpose and ideals which prompted her choice of a life work. She is a good bedside nurse—gentle, capable, understanding of patient, of the patient's relatives and friends, no matter how trying; and of co-workers in the profession. She gives unflin-

ing loyalty to the medical profession, and the good doctor knows the value of a good nurse better than anyone else.

This "good nurse" is active in her nursing organizations, working always for the improvement of herself and her profession. She practices the ethics of her profession not only on duty, but always.

I believe that the professional nurse—the truly "good nurse"—is dedicated like the artist, the musician; she is possessed of something not given to just anyone—the privilege of giving her life to the service of others.

My work for the last 20 years has been in hospital administration, and I have seen good and mediocre nursing at first hand. In recent months I



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2 "Should I change to regular milk when baby goes off formula?"

It is safer, as you know, to continue with Carnation Evaporated Milk. For baby's delicate little digestive system is still easily upset, so Carnation's uniformity is an important safeguard. And Carnation diluted with an equal amount of water is nourishing whole milk in its most digestible form. For Carnation is homogenized and heat-refined—is *soft-curd* milk that babies can readily assimilate.

3 "How can I wean my baby from bottle to cup-drinking?"

Doctors (and mothers!) know from experience that Carnation offers a valuable plus during this difficult period. For baby makes the radical change-over from bottle-drinking with far less resistance when *familiar-tasting* Carnation is used in the cup. Here again, Carnation's can-to-can uniformity—in butterfat, milk solids content, curd tension, and viscosity—is a positive factor in eliminating the possibility of digestive disturbances.

MOTHERS ASK YOU countless other questions about the care and feeding of babies, so send for "Your Contented Baby"—a booklet which many nurses have found helpful.

It is a complete and authoritative baby manual, written by one of America's leading pediatricians. To get your copy, just write to Carnation Company, Dept. N-60, Los Angeles 36, California.



The Milk Every Doctor Knows

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Recommended as
the ideal corrective
corset for drop-stomach
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- Firm but lightweight support
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have become again a bedside nurse, and I hope a good one. It is heartening to me to see that the students of today in my own hospital are just as idealistic, just as eager and just such "good nurses" as we turned out back in the "dark ages."

DORCAS P. CLARK, R.N.
BROOKLINE, MASS.

Call to Arms

Dear Editor:

It seems to me there is a great deal of discussion on the practical nurse, but none of it in the right place.

I am speaking to the registered nurse whose very position is being jeopardized by these women. Here in Sault Ste. Marie, two registered nurses were told that the hospital here did not need them, but 10 new practical nurses arrived the first of the next month, making a total of 20, so far.

What incentive has a high school graduate to become an R.N.? She can get materially the same things in one year by becoming a practical nurse, and in a few years, she will stand a better chance of getting a job. I don't know whose idea it was to start practical nurse schools instead of making training schools more attractive to young, alert high school graduates. The district I belong to wasn't even consulted. They were simply told that the practical nurse was here—like it or not.

Wake up, R.N. Take a stand before it is too late!

R.N., SAULT STE. MARIE, MICH.

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gives fast 3-way help for

HEADACHE

upset stomach,
jumpy nerves

Very often, the strenuous on-duty life of a nurse causes headache pain. That's why it is wise to keep a supply of Bromo-Seltzer handy.

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INSTANTLY
PLEASANT
TO TAKE



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TRADE MARK

[*Thonzylamine Hydrochloride*]

Symptomatic Relief . . . for **COLDS** and **HAY FEVER**

Clinical experience has established the effectiveness of ANAHIST* in aborting or shortening the duration of the common cold. The favorable results obtained in extensive studies by Arminio and Sweet¹ have been confirmed by the investigations of Tebrock.²

On the basis of the experiences of these competent clinical observers, it can be stated with confidence that drowsiness or lack of mental alertness does not follow the use of ANAHIST in the dosage suggested. As ANAHIST arrests colds in their contagious stage, its value in diminishing the spread of infection will be apparent to all in the nursing profession.

DOSAGE: 1 ANAHIST tablet immediately upon exposure or at the first sign of a cold . . . then 1 tablet after meals and at bedtime. Treatment should be continued for seventy-two hours.

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1. Arminio, J. J., and Sweet, C. C.: *Indust. Med.* 18: 509 (1949).

2. Tebrock, H. E.: *Indust. Med.* 19: 39 (1950).



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sunburn,
too!

Why not? For years *S.T.37*® has been the accepted, painless antiseptic for burns, cuts and abrasions. No wonder it's good for sunburn! You just pat it on, and the soothing *hexylresorcinol* in *S.T.37* stops pain and discomfort almost at once... protects against infection, too, if the skin is blistered or broken!

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Antiseptic Solution today. Two sizes:
5 and 12 fluidounces. Write for a sample.

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Gentlemen: Without charge, please send me a trial bottle of *S.T.37* Antiseptic Solution which is so good for sunburn.

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PAIN**
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NEW Soothing Anesthetic

of SUNBURN	ABRASIONS	MINOR BURNS

Non-greasy . . .

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CONVENIENT 1-OUNCE TUBES

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Patients will welcome this established local anesthetic now in new water-washable base. Relief of pain and itching begins in minutes, lasts for hours.

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Science Shorts

An article in the *JAMA* reports on the use of radioactive phosphorus for locating brain tumors at the time of operation. After pre-operative I. V. injection the isotope becomes concentrated in the tumor and the tumor site can then be detected by the accelerated counting rate of a miniature probe-like Geiger-Muller counter, an instrument extremely sensitive to radioactivity.

*

It was recently stated that 15,500 of the 45,500 workers killed last year were victims of on-the-job accidents. Industrial accidents also caused a loss of 275 million work days.

*

An article in *Food and Nutrition News* notes the changes that have taken place on the hospital menu within the past 25 years. The old concept that white meat of chicken and fish was indicated for patients' diets has been replaced by the theory that a general diet with variety can be tolerated by most. Today, diet prescriptions frequently read: Red meat twice daily.

*

Bacitracin, the antibiotic drug for local use, has proved especially effective in the treatment of impetigo and other skin diseases, according to a JAMA report. And unlike penicillin

and sulfa drugs, it appears to cause few allergic reactions.

*

Due to the drive of the U.N. International Children's Emergency Fund to curb tuberculosis, its incidence among European children and adolescents may be cut 75 to 80 per cent in the next five years, claims Dr. Henry F. Helmholtz, chief consultant to the ICEF.

*

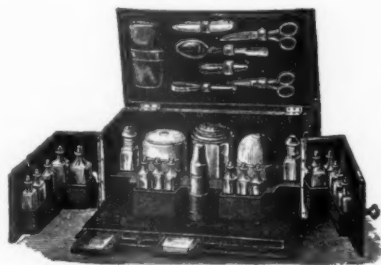
At the beginning of 1950, the U.S. had one doctor for every 750 persons, the highest ratio of any nation in the world except Palestine.

*

An electrical machine, called the electro-hysterograph, which indicates normal or abnormal labor by its recording of electric waves from uterine contractions during labor, has been tested successfully on patients of the Sloane Hospital for Women at the Columbia-Presbyterian Medical Center, N.Y.C. by its designer, Dr. Charles M. Steer.

*

According to Dr. Howard F. Root of the Harvard Medical School, an estimated 3,500,000 Americans have diabetes or will succumb to the disease during their lifetime



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The U. S. Army and the U. S. Air Force regard with affection and pride the nurses in their services . . .

appreciate the duties they traditionally perform so well . . . and have made service life the most

rewarding form of nursing practice. They offer you good, steady pay and allowances

. . . a chance to travel in foreign lands . . . work

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environment on duty and off. You can have a career of unequalled opportunity with the U. S. Army or the U. S.

Air Force. Find out for yourself—write to the Surgeon General, United States

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FOR SURGEONS, NURSES

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*"Hexachlorophene" has been accepted by the Council on Pharmacy and Chemistry of the American Medical Association as the generic term for dihydroxyhexachlorodiphenyl methane.

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Bactericidal action. Sustained low count in regular use. Emollient effect—no irritation. Quick, rich lather in any water. An excellent deodorant. Economy—less than half the cost of liquid soap. Tremendous Time Saver—3-minute scrub is sufficient.

genic and non-pathogenic bacteria.

Several investigators have found that the standard scrub of 15 or 20 minutes may safely be reduced to from 3 to 6 minutes when Gamophen is used.

In a series of comparison tests it was found that the bactericidal action of Gamophen was 36% greater against mixed cultures of *S. aureus*, *S. hemolyti-*

GAMOPHEN ANTISEPTIC

ETHICON SUTURE LABORATORIES

INCORPORATED

NEW BRUNSWICK, NEW JERSEY



AND HOSPITAL PERSONNEL

**Emollient, Rich-Lathering, Fast-Acting
Continuously-Effective, Economical**

cus and *E. coli*, and 10% greater against *Cl. welchii*, than 3½% tincture iodine.

When used routinely for all cleansing occasions in hospital, office and home, Gamophen establishes a protective antibacterial film which exerts a continuous action. The marked degree of suppression achieved is maintained as long as this soap is used regularly and for several days after its use is stopped. The use of alcohol or other solvent rinses is contraindicated.

Bactericidal in 3-minute Scrub

Gamophen Soap is alkaline in solution, with a pH of 8.5 to 9. It is bactericidal in a 3-minute scrub in the concentrations used in normal scrub conditions. It quickly produces a thick, rich lather, even in hard and cold water. Every lot produced is tested for potency.

WHERE TO USE GAMOPHEN

In office and home. In the hospital wherever soap is used—by staff personnel or patients. For pre-operative antisepsis of skin. Industrial clinics and first aid stations.

In other tests, hexachlorophene in Gamophen was found to be more effective than it was in other vehicles, such as certain liquids having an acid pH, in which it is bacteriostatic but not bactericidal. Liquid solutions having an acid pH lower the effectiveness of hexachlorophene.

Gamophen is supplied in 4½-oz. bars for home and office; in 2-oz. bars for hospital personnel and patients' use.

SOAP

**SOLD ONLY
THROUGH
SURGICAL DEALERS**

FREE—FULL-SIZE BAR FOR TRIAL

(May be clipped and pasted to Penny Post Card)

ETHICON, New Brunswick, N. J. DEPT. RN-650
Please send Gamophen Soap and Literature.

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Limited to Nurses in U.S.A.

RN peaks : THE PRACTICAL

■ SEVERAL UNIVERSITIES, prompted by immediate and presumably future needs of auxiliary nursing personnel, have opened their doors to practical nurse students. As a result, the ANA, with an anxious eye to possible passage of the bill providing federal aid to professional and practical nursing, has tried to ensure the eligibility of these university schools for federal funds.

In a letter sent last December to Representative J. Percy Priest, Chairman of the Subcommittee on Public Health and Science which was then studying the bill, the ANA stated "We understand that practical nurse training is already being given in at least three colleges or universities in the states of Minnesota, Missouri and Texas. Under the proposed law, these schools would not be eligible for federal aid. We have been advised that the schools would be eligible if the expression 'less than college grade' were changed to 'technical grade.' We therefore request that this change be made."

Professional nurses, remembering the years when *their* training was considered to be below college level, may be startled by this latest educational boost for their non-professional sisters, for, heretofore, the accredited schools of practical nursing, sponsored by private organizations, hospitals and vocational schools, have been traditionally of "less than college grade." In fact, it was not too long ago that some states, alleging the training of registered nurses to be of "less than college grade," requested public vocational schools to conduct classes for student nurses. The classes were paid for partly from funds provided by the federal vocational program—the same program which helps to finance practical nurse training.

Although it is not unusual for universities to give vocational courses—and the four practical nurse courses now being given at universities are largely vocational in content—the new development does have its portentous aspects. But before considering these aspects, it must be remembered that the university innovation is more evolutionary than revolutionary. It is an inevitable step forward in the movement to supply more practical nurses—a movement which has gathered impetus ever since the war years when practical nurses were welcomed

AL PRACTICAL NURSE GOES TO COLLEGE

into the fold as a means of providing civilian patient care. The nursing shortage directly following the war, and present predictions of the country's increasing health needs, and the broadening responsibilities of the professional nurse have further strengthened convictions of the practical nurses' worth.

Thus fortified by studies, surveys and reports the nursing profession—despite grumbling within its ranks—has officially sanctioned the place of the practical nurse on the health team. It has assumed the necessary responsibility of promoting state practical nurse licensure and supported the National Association for Practical Nurse Education in its efforts to turn out adequately trained non-professional personnel.

That these latter efforts have brought results is confirmed by the following statistics. In the spring of 1949, there were 71 schools of practical nursing approved either by the state approving agency or by the NAPNE. Almost half of this number were established in the past five years, 23 of them appearing in 1947 and 1948.

One of the most noteworthy signs of this expansion is found in Michigan, a state which has pioneered in practical nurse education. In 1947, the Kellogg Foundation became interested in plans of the Michigan Council on Community Nursing for a practical nurse training program on a statewide basis, and agreed to underwrite this endeavor for a three-year experimental period. The Foundation has also awarded funds to Wayne University for instruction of professional nurses participating in the practical nurse schools. Under the sponsorship of the Michigan Nursing Center Association, the State Board of Control for Vocational Education and the NAPNE, eight training schools have been set up in public high schools in various Michigan cities. The schools, considered as community projects with both lay and professional participation, have a nurse coordinator, nursing arts instructor, part-time home economics instructor and a clerk, and offer a one-year vocational course with sixteen to eighteen weeks of classes in addition to practice in a hospital or other agency.

Generally speaking, this same type of vocational curriculum has been carried over to the universities now [*Please turn the page*]

giving practical nurse courses. For example, the University of Houston in Texas, influenced by a severe nursing shortage and strong public demand for well trained practical nurses, has recently established a one-year vocational course in a School of Practical Nursing for nurse assistants which receives federal funds allocated through the Texas State Department of Vocational Education, Trade and Industrial Division. In the opinion of this school "a nurse assistant is a person trained to care for subacute, chronic and convalescent patients in their homes or in institutions. She is taught to work as an effective member of a nursing team . . . under the direction of a registered nurse or licensed physician."

THE course, in common with many other practical nurse courses, consists of three months of nursing arts and basic theory and nine months of clinical instruction in hospitals followed by a six-months' internship in an approved hospital under the supervision of an R.N. or licensed physician. Tuition is \$60 but a stipend of \$80 a month is paid during the hospital training period. Applicants must be 17 to 45 years of age with two years of high school or the equivalent in experience. Upon entrance they become regular members of the student body but do not earn regular college credits for their courses. And although properly qualified students may transfer to the professional nursing course, they receive no credit for previous nurse assistant training. A university certificate is

awarded for successful completion of the course.

BAYLOR University School of Nursing is also allergic to the term "practical nurse." It calls such nurses "technician nurses," a title formerly favored but now in disrepute with the ANA, and even more so with the American Society of Medical Technologists which maintains that the word "technician" means "one skilled in technique as it is applied to the professions of Medical Technology, X-Ray, and Physio-Therapy."

This Texas school offers a six-months' period of internship in a specialty in addition to its basic one-year course, and it brings student professional nurses and technician nurses into close proximity. The latter are regular students in the school of nursing, living in the same dormitories as the professional students. Although classes are held separately, except in the case of special ones designed to develop the team concept, they are conducted by the same faculty. The aim of this University School of Nursing is to prepare a team of technically and professionally trained nurses.

Unfortunately, the pamphlet describing the technician course at Baylor is apt to prove somewhat of a shocker for professional nurse readers and, if served in high schools, could be highly indigestible recruitment fodder. The cover identifies the technician nurse as the "newest and most wanted member of the nursing team" and compares her period of internship to the

medical internship of the doctor. We quote:

"When a person is ill, the Doctor is the most important person in the world; but after diagnosis and operation or treatment, HOUR BY HOUR, the TECHNICIAN NURSE, with her specially trained care, BECOMES THE MOST IMPORTANT PERSON IN THE WORLD to that patient. The need for this new member of the doctor-nurse team began yesterday—

Today there is a crying need for her services—

AND TOMORROW THE TECHNICIAN NURSE WILL BE THE

BACKBONE OF THE HOSPITAL!"*

Granted practical nurses may be needed and their field must be shown to be attractive, but such blown-up misstatements—even if rectified by sound admission policies—only tend to alienate the professional nurse, disillusion the practical nurse, mislead recruitment prospects and fool the public.

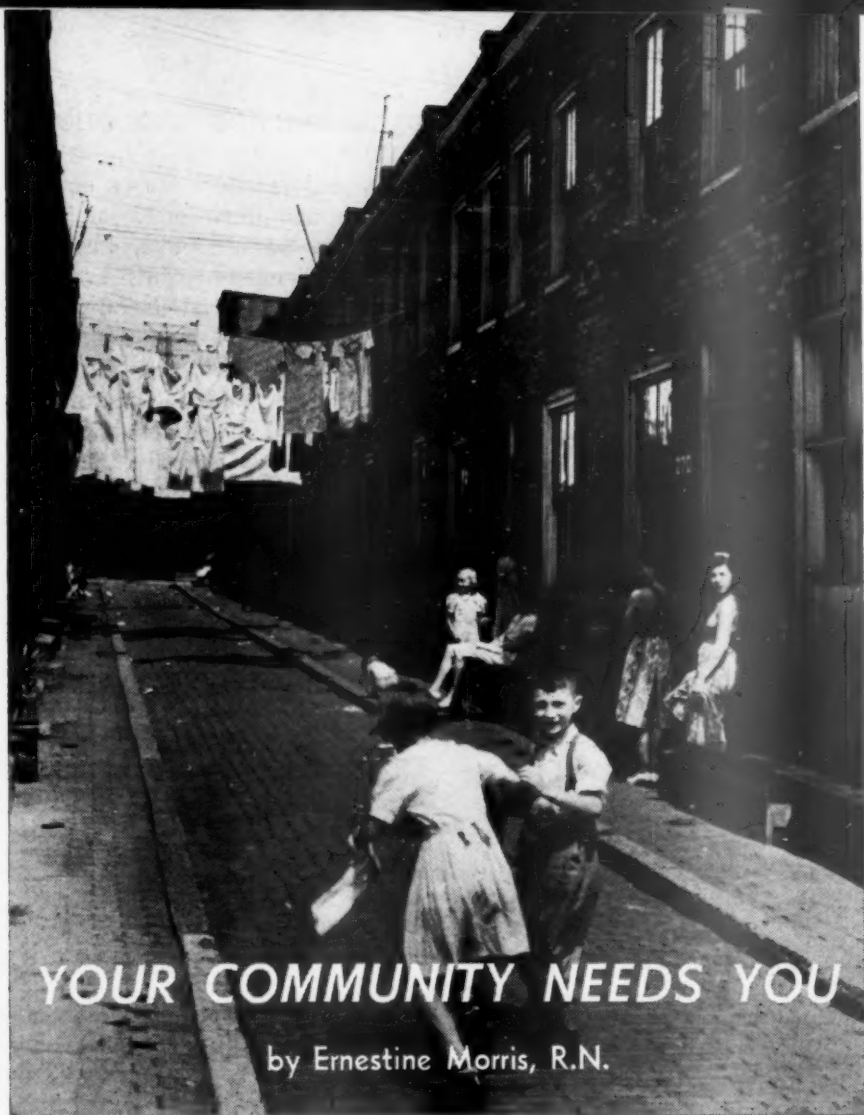
A more conservative practical nurse course, if judged by pamphlet criteria, is given under the direct supervision of the Department of Nursing [Continued on page 57]

[*Capitalization NOT ours—THE EDITORS]

Probie



"Say you have amnesia."



YOUR COMMUNITY NEEDS YOU

by Ernestine Morris, R.N.

Federal Security Administration

■ THIS IS ADDRESSED particularly to married nurses with children, to nurses who think they never want to wear a uniform again, and to nurses who like to teach. There's a stimulating reward ahead for those of you who can use your nursing background to impart practical and valuable knowledge to bewildered citi-

zens who both need and want it. And you don't need public speaking training or experience to do it. Your contribution will be some of your time, your effort and enough courage to learn something new in the methods of teaching nursing skills.

This opportunity knocking at your door is in the form of the two 12-

hour Home Nursing courses of the American Red Cross, Home Care of the Sick, and Mother and Baby Care. Now wait, don't go away. I know, you'll say, "Oh, I've taught Home Nursing before. That's not for me!" It's different now.

You see, when World War II broke out, public health officials felt that non-professional people should be trained to handle simple nursing skills in the home because of the possibility of epidemics and because of the shortage of trained personnel. Since the standard ARC course of 24 hours was too long for some busy people in wartime, the nursing staff of the Red Cross developed a 12-hour course, six lessons of two hours each. From the very beginning, assistance was received through consultation with experts in the fields of education and industry. Leaders in industry were concerned primarily with safe, quick training of skills.

The value of this new course lay in its provision for training instructors who were to teach it. These future instructors first participated in the class as non-professionals, then taught back parts of the course to the other instructors-in-training. Emphasis was placed on doing and telling at the same time. The nurse instructors then taught one complete class under supervision.

Each class follows a definite pattern. The principles are first explained to the students, then the nursing procedures are demonstrated, and finally practiced under supervision. Each class contains from ten to fifteen persons, so that the nurse

has the opportunity to give individual instruction effectively. Included are 30 nursing procedures of six periods which have excellent continuity in order that the lay students may receive a complete picture of a nursing situation in the home.

In due time, the public began to demand some instruction in the care of a new-born child. To meet this need, Unit II, Mother and Baby Care and Family Health was developed in 1947. It, too, is a 12-hour course in six lessons and it is a definite challenge to any nurse, for it contains more lecturing, and the teacher must be up on her obstetrical care and the latest developments and theories of child care.

The satisfaction derived from teaching this course comes from seeing prospective fathers and mothers attending the class together. As an instructor, you find a new charm in the science of obstetrics, for your students (who are usually expecting their first child) are anxious to learn how to care for their child intelligently. The fathers add a sparkle to the class. They ask many intelligent questions about the anatomy, and about the physiology of prenatal and antepartal care, demonstrate the practical procedures often with more deftness than their wives, and after the first class, enter into the experience with enthusiasm.

As an instructor in the course on Mother and Baby Care, you watch expectant mothers exchange their fears for new knowledge and understanding. You feel the personal contribution [Continued on page 70]



Forever UGH!

by Audrey Rathbun Burk, R.N.

■ FROM THE TIME my mother sang me to sleep with the *Indian Love Call*, I've had a keen interest in Indians. I spent half of my childhood looking for Indian arrowheads and the other half immersed in *Drums Along the Mohawk* and *The Last of the Mohicans*. So it isn't any wonder that as a cadet when I heard I could spend my last six months of nurses' training on a government Indian Reservation, I was already in the sparkling waters on the Wapsipinnicon.

Getting into the Indian Service was as bad as a sorority initiation. Government form 79432 CVX was a dilly. I had to fill in blanks saying I had never belonged to any subversive organizations and to promise I would never try to overthrow the United States government. This I did with alacrity for I wouldn't dream of trying it. Why, I'm even scared to tell fibs about the de-

ductions on my income tax return.

Friends came to see me off on the gala day when I boarded the train for New Mexico. After three uneventful days, I arrived in Gallup, a colorful little Western town sprinkled with Navajo hosteens (men) in Levi jeans, bright shirts, and black felt hats and squaws dressed in calico skirts and velveteen blouses. I liked Gallup immediately.

I'd received traveling instructions. "On arrival, Gallup, telephone medical center, Navajo Agency."

The cadet director answered the phone, and after I identified myself, she said, "Stay where you are, and I will send for you."

Taking her literally, I stayed in the phone booth for three hours, but no one came except a man who wanted to use the phone. So I stepped outside. While I was waiting to retrieve my booth, two Indian men approached me and asked if I

were the new cadet. I nodded, and they wordlessly gathered up my bird cage and hat box and led the way to a government car.

I reported to the cadet office as directed. There I met the cadet director, a former Army Nurse Corps major. She was fiftyish, putting on a pound or two, wore a stiff, white uniform and had a white cap with wide wings resembling a pigeon in flight. (I watched for six months, but it never did take off.)

She was all business. "My name is Miss Guide. You'll do well here if you follow instructions," she admonished. "You are now in the federal service and I may as well warn you that any slight infringement of the rules here is not a mere misdemeanor to be treated lightly, but a federal offense." (I could see Leavenworth looming before me.)

"We may as well settle this matter of liquor right now." (I didn't know there was any matter to be settled.) "It is a federal offense to bring liquor on the Reservation. I wouldn't fool with it if I were you."

I don't know why she broached the subject of liquor to me. Just because I stood there shaking like the grass on a hula dancer's skirt was not proof that I had DT's.

"And, Miss Klatch," she continued, "if you ever have any requests such as those for special late leaves or week-end overnights, you'll come directly to me.

"Another thing we'll get settled now is this matter of hair nets. Every nurse on duty in this hospital must wear a hair net at all times." (She

was wearing a hair net herself. It was a clever little thing which looked as if it might have been made out of a minnow seine and which not only covered all of her hair but also took in her eyebrows.)

"Here is a book of rules," she said, handing me a tome the size of Webster's Unabridged Dictionary. "You will follow it implicitly." (So help me, I tried to.)

"That's all."

"Yes, ma'am," I snapped militarily and suppressed the desire to click my heels.

That evening at dinner, as I ate roast beef and thought it was mutton (Somewhere I'd gotten the idea that the only meat on the Reservation came from sheep.), I started learning about the Indians. The cadets agreed that the most annoying thing about the Indians was their language. Practically none of the patients spoke English.

The Navajo tongue is a tone language; a word said in one tone of voice might mean something entirely different if said in another tone. (About the only advantage I can see to this is that a Navajo hus-



band can't say to his squaw, "Don't speak to me in that tone of voice.")

Some of the cadets had learned a few Indian phrases, so I decided to sharpen up and learn some too, that I might get along better my first day on duty.

By the next morning I'd forgotten all of the words except one. It was "hucco," which means "come along" or "follow me."

Bright and early I had a chance to use my new word, for my first patient was a 70-year old squaw in a large ward of medical patients, and I had to walk her down the hall to the bath room for a tub bath. I was a little embarrassed, so I looked carefully to see that there were no other nurses in the room and then I said to my patient, "Hucco."

Her eyes widened and a smile flooded her face as she sprang out of bed and said, "Okay."

The rest of the women in the ward rocked with laughter and I did my best to stay out of that room the rest of the day.

Undaunted, I proceeded to try to learn Navajo, and before long I'd gotten in the habit of saying my interpretation of the Indian word for "thank you" each time it was appropriate. Every time I said it there was a burst of wild, hysterical laughter from the patients. After one typical outburst I asked one of the Indian interpreters why the patients always laughed.

"Well," she said, "you think you're saying 'thank you,' don't you?"

"Yes."

"The patients know that's what

you think, but what you're really saying is, 'My pants are too tight.'"

(As a language student I'd make a good fog salesman.)

The cadets owed a lot to the Navajo "blue girls" (They wore blue uniforms.) who served the dual purpose of nurses' aides and interpreters. They frequently went about their tasks happily singing weird Navajo songs. Some of the cadets tried to learn the songs, but the only Indian song I ever mastered was "One Little, Two Little, Three Little Indians." (In English!)

There were student nurses from all over the U.S. in the Indian Service. I thought the ones from the big cities in the East were the sharpest. Their glowing tales of metropolitan parties and their knowledge of current high fashions were enough to make this little country mouse from Iowa dream about kolinskies.

Of course the Navajos had their fashions, too. For one thing, nearly all of the Navajos, men, women and babies, had pierced ears.

I'll never forget the day one of my eastern friends and I were walking to the trading post, and Daisy said, "Hey Jennie, get a load of that sharp squaw." She gestured toward a Navajo woman across the street.

"Yeah, she's really sharp," I said as I got a load.

The squaw, wearing a brightly colored Pendleton blanket with fringe, was loaded down with pounds and pounds of turquoise and silver jewelry, but what really took my eye were two [Continued on page 79]



WHERE THE U.S. GOVERNMENT HAS FAILED



■ SHOCKING HEALTH conditions of American Indians are revealed in a report in the *JAMA* (Feb. 4, 1950) by Dr. Fred T. Foard, Director of Health Division, Bureau of Indian Affairs. Although conceding that some progress has been made in improving Indians' health since the first federal appropriation for this purpose in 1911, Dr. Foard marshalls facts which make these improvements seem poor indeed compared to the vast health strides taken by the rest of the country. For instance, in 1948 infantile diarrhea killed 51 Indian children per 1,000 children born in Montana. The rate for other children born in the same state was 4.1 deaths per 1,000 births. In 1948, the infant mortality rate among the Navajos of Arizona and New Mexico was 227 per 1,000 children born as compared to 31 among the general population. Diseases showing especially high death rates in the Indian population are tuberculosis, typhoid, trachoma and pneumonia. Dr. Foard states that "the sanitary conditions under which many thousands of Indians live are nothing short of primitive . . ."

More money and more personnel would help to eliminate these deplorable conditions, but appropriations for hospital construction, field health services, equipment and qualified professional personnel are

not adequate for present Indian needs. As of October 1, four hospitals had no resident physicians and 50 hospitals had only one resident physician in charge. The nursing shortage is also acute, as is evidenced by the fact that in September, 1949, there were 123 vacancies out of 835 nursing positions in the 71 hospitals operated under the Bureau of Indian Affairs. "... of 125 public health nurses needed for field work only 104 positions are allowed under budgetary allotments for the fiscal year 1950, and as of September 1, 1949 only 69 positions were filled to provide nursing service for Indians in the States and Alaska."

One of the barriers to more effective health teaching is that of language; many Indians are totally unfamiliar with the English language. And here again, the government has failed miserably. According to the Indian Bureau's Director of Education, there are about 15,000 Indian children of school age in Arizona and New Mexico who cannot be accommodated in government schools.

Dr. Foard says that there can be but one answer to the question, "Has the federal government fulfilled its responsibility to the American Indian with respect to providing needed health facilities?" The answer, as you may have guessed, is an emphatic "No."



THE SNEEZING SEASON

■ THE VICTIM of seasonal hay fever views the handiwork of nature with a jaundiced and, more often than not, a bleary eye. Not for him are the picnics in a shady dell or the long tramps through a leafy countryside; that is, not unless he is willing to pay the uncomfortable price of pollen exposure.

Fortunately, however, the three to five million people in the U.S. who suffer from hay fever may not spend the whole summer sneezing. Some may be allergic to tree pollens which in the eastern U.S. fill the air from March to April or early May, while others may succumb during the grass season in spring and mid-summer, or the weed season in the

latter part of the summer and early fall. A few luckless individuals, who are allergic to a combination of pollens, may keep a large supply of handkerchiefs on hand from March right through to October.

Hay fever may develop at any age but more commonly it makes its first appearance during the teens and 20's. The often incapacitating symptoms, which are limited to the nose, conjunctivae and paranasal sinuses, are ushered in with itching and congestion of the mucous membranes, followed by sneezing, a profuse watery nasal discharge, reddening and tearing of eyes, itching of the palate and throat, coughing and sometimes temporary loss of taste and smell;

hearing may also be diminished.

During the pollinating seasons these symptoms vary in severity according to the individual's sensitivity, weather and time of day. A wind which comes from the direction of pollinating plants will act as a symptom-trigger while a breeze from the ocean may clear the air—and the nose. Rain also can be either friend or foe. If the rain begins early in the morning and continues through the day, it will wash the pollen from the air; on the other hand, rain late at night followed by a sunny day will increase the pollen count. It is difficult for the hay fever sufferer to sleep late, for early morning is generally the time when pollen appears in greatest quantity.

There are other important factors which influence the course of the malady. Dr. Harry Swartz, noted allergist, says, "During the season, when the nose of the hay fever patient is boggy, sharp odors, irritants, sudden changes in temperature, infection, fatigue and emotional distress may all act to make symptoms worse."^o

Of course, pollen is only one of the causes of these irritating symptoms. The non-seasonal or perennial type of hay fever may be set off any time during the year by such irritants as house dust, foods, drugs, feathers, or animal fur. The term hay fever is actually a misnomer, for hay has not been shown to be an irritant and fever is not a common symptom. More scientifically accept-

able, if not more popular names, are "pollenosis" for the allergic reaction to pollens, and "vasomotor rhinitis" for that attributed to other irritants.

Why are some individuals sensitive to one or more of these substances? What is the mechanism behind their allergic reactions? These are the questions with which allergists are especially concerned. But to find out their tentative answers, we have to consider the larger subject of allergy, which embraces not only hay fever but also asthma, angioneurotic edema, migraine, dermatitis, gastro-intestinal allergies and probably many other conditions.

As far as the first question is concerned, there is fairly conclusive evidence that although specific allergic conditions are not inherited, the general allergic tendency is often transmitted. This tendency may take the form of hives, hay fever, asthma or any other allergic manifestation; it may not necessarily be the same as that of the parents.

One concept of allergy widely held today is that the allergic individual becomes hypersensitive to certain protein substances such as pollens, feathers, etc., because he has formed sensitizing antibodies to one or more of these specific irritants or antigens. When a person is exposed to the antigen to which he has become sensitized, the antigen reacts with its specific sensitizing antibody to injure the cell. This cell injury leads to the release of histamine or a histamine-like substance which in turn is largely responsible for the [Continued on page 63]

^oSwartz, Harry, M.D., *Allergy*, Rutgers University Press, 1949, p. 111.

**TRIPLENNAMINE
HYDROCHLORIDE N.N.R.**

(Antihistaminic)

PROPRIETARY NAMES: Pyribenzamine Hydrochloride

PHARMACOLOGY: Pyribenzamine, one of a group of antihistaminic substances related to Benadryl, blocks the action of histamine, an agent believed to be largely responsible for the symptoms of allergy. It exerts a palliative rather than a curative effect and therefore is frequently employed either alone or as an adjunct to the specific treatment of hyposensitization in such allergic conditions as urticaria, hay fever, asthma, angioneurotic edema, serum sickness, drug reactions, pruritis and insect bites.

DOSAGE: The drug is available in an elixir, 5 mg. per cc., in 50 mg. oral tablets, 50 mg. Delayed Action Tablets, a nasal solution, and an ointment and cream. It is also combined with ephedrine in tablets and an expectorant. The average adult dosage is generally 50 mg. three or four times daily, given after meals. Optimum clinical effect occurs about one hour after administration. One coated Delayed Action Tablet with one uncoated tablet are said to provide six to eight hours of relief. Results are obtained only as long as dosage is continued.

UNTOWARD ACTIONS: Pyribenzamine has been claimed to produce relatively few side effects, but gastro-intestinal irritation, nervous stimulation, nausea, headache, dizziness, mouth dryness, and occasionally abdominal discomfort have been reported. Drowsiness is the most common side action.

**METHAPYRILENE
HYDROCHLORIDE N.N.R.**

(Antihistaminic)

PROPRIETARY NAMES: Thenylene Hydrochloride

PHARMACOLOGY: Thenylene, a synthetic, antihistaminic agent used for relief of allergic symptoms presumably caused by the tissue's release of histamine or a histamine-like substance, has been used therapeutically in hay fever, non-seasonal allergic rhinitis, allergic cough, urticaria and dermatitis. In allergic patients where the sensitizing agent can be found it is desirable to carry out desensitizing procedures first and then give Thenylene for relief of troublesome allergic symptoms. In angioneurotic edema or any severe antigenic reaction, epinephrine should be administered before Thenylene since the clinical effects of the latter occur within 30 minutes and last several hours.

DOSAGE: In adult cases treatment generally consists of 0.1 Gm. three to four times daily. When relief is obtained, dosage should be reduced to a maintenance level of 50 mg. three or four times daily. The latter dosage should suffice for subduing mild symptoms. The drug is available in 25 mg., 50 mg. and 0.1 Gm. oral tablets; in cream for topical use; and combined with ephedrine in Thenylfred T/M tablets.

UNTOWARD ACTIONS: Drowsiness, dizziness and gastro-intestinal irritation have been noted. Tablets should not be chewed as they are bitter and produce an uncomfortable, cool sensation in the esophagus.



EPINEPHRINE U.S.P.

(Sympathomimetic)

PROPRIETARY NAMES: Adrenalin, Suprarenalin, Suprarenin

PHARMACOLOGY: Epinephrine, the active principle of the medullary portion of the suprarenal glands, acts as a sympathomimetic by stimulating cells enervated by the sympathetic nervous system. It constricts blood vessels of the skin, dilates the blood vessels of the heart and voluntary muscles, causes a rise in blood pressure, stimulates the heart and relaxes the bronchial muscles. It is used locally as a vasoconstrictor in congestive nasal conditions and in hemorrhage. Given parenterally it may relieve acute asthma attacks, anaphylaxis, urticaria and angioneurotic edema. It is contra-indicated in cyclopropane or chloroform anesthesia and shock, and administered cautiously in cerebral arteriosclerosis, organic heart disease, angina pectoris and hyperthyroidism. One of its uses is to prolong local anesthetic effects.

DOSAGE: May be given hypodermically or intramuscularly in doses ranging from 0.06 to 1 cc. of a 1-1,000 solution. Solutions for local use may be from 1-15,000 to 1-1,000. In addition, the drug is available in ampuls, ointments, suppositories, oil suspensions and in an inhalant solution 1-100. Nurses should note that a reddish or brownish color of a dilute, aqueous solution indicates loss of potency.

UNTOWARD ACTIONS: These may include anxiety, tremors, respiratory difficulty, headache and palpitation.

EPHEDRINE HYDROCHLORIDE U.S.P.

(Sympathomimetic)

PROPRIETARY NAMES: (U.S.P. product marketed by a number of pharmaceutical firms)

PHARMACOLOGY: As a sympathomimetic agent, the peripheral effects of ephedrine are somewhat similar to those of epinephrine since it stimulates heart action, raises blood pressure by vasoconstriction, and dilates the bronchi. Used locally on mucous membranes and wounds, it reduces hyperemia and swelling by contracting the capillaries. Although not so powerful as epinephrine, it is employed therapeutically in asthma, hay fever and urticaria, and in spinal anesthesia, hypotension and circulatory collapse to produce a rise in systolic and diastolic blood pressure.

DOSAGE: The salts of ephedrine may be administered orally, intramuscularly or intravenously, or in 0.5 to 2 per cent solutions for local application to the mucous membrane. A 4 per cent solution has been used in ophthalmology to dilate the pupil. The average oral dose for adults generally ranges from 20 to 50 mg. every three to four hours.

UNTOWARD ACTIONS: Since excessive dosage has a depressant action on the heart muscle, the presence of serious heart disease precludes its use. Because of its stimulating effect on the central nervous system, it may cause nervousness, headache, insomnia, and nausea and vomiting in addition to vertigo, palpitation and sweating.

Here's a guest
who's never late . . .
What's your hurry . . .
Where's my plate?



Easy does it

DINNER DATE

Photographs by
Wallace Litwin



... not so rough



H'ya, Folks... is this the stuff!



Applesauce... don't have to chew

Here's something else
that tastes good too.



Boy, I'm bulgin' . . . how 'bout you?

NO LONGER FASHION'S GUINEA PIG

by Lynne Svec



1896-



1902



1914



1923

LATELY, in fashion circles there's been much talk of reverting to the fashions of the flat-chested '20's, an undoubted harbinger of health evil. Bosoms have had their ups and downs all right—from the mid-Victorian period of the billowing, curvaceous bosom that was shelved on top of a corset four to six inches above the waist, through the winding midway of experimentation, when the feminine figure and health was fashion's guinea pig.

The revolution of the '20's gave rise to a revolution in bust fashions. Women tucked their breasts as far out of sight as ma's best linen towel could tuck them, and the descending bustline struck an all-time low in hideous, unfeminine, flat ugliness. Tortured, torn breast muscles and bruised tissues drew cries of horror from medical authorities. Eminent doctors and surgeons were probably the greatest force for the abolishment of the cruel habit that was

causing widespread amputations. The flapper of the '20's now has sagging breasts because the tight, constricting brassieres of that era broke down the connective tissues and ligaments, which, once damaged, could never be restored.

In this enlightened period, however, modern corsetieres provide brassieres that make it possible for any woman to feel proud of her figure and bearing. They follow the rule that the best brassiere supports but does not constrict or bind. From the standpoint of health and beauty, the brassiere has been found to be one of the most important items in any woman's wardrobe.

According to the Corset and Brassiere Association, there's no reason except a woman's own carelessness for wearing the wrong bra, with so many styles and sizes available. A brassiere should always be tried on for suitability. A woman wouldn't think of buying a pair of shoes without trying them on. And the wrong bra is as dangerous as a pair of poorly fitting shoes. A too tight bra constricts circulation and helps to break down delicate tissues, while a too loose one will permit the ligaments to stretch.

A woman's object should be to find a bra that will hold her firmly without binding or cutting. The cups should closely parallel the natural contour of the breasts. Other details such as the following should also be checked. The back of the bra should fit well but have enough elastic to insure freedom of action. The fabric should not cut or sag under the arms

and the support should always come from the base of the bra cups and not from tight shoulder straps. Bra size is judged by the breadth of the body in the bust region and also the width of the back. The cup size is always measured by the fullness of the breast itself, with cup denominations ranging from AA for the smallest to D for very large breasts.

Just as the right brassiere is an ally in the care of the breasts, so are exercise and correct posture. Any exercise where the arms and shoulders are brought into play benefits bosom contour. A good posture check is to stand with the back to the wall while contracting the lower back, taking care to keep the shoulders and head against the wall. If the hand can be slipped into the space between the hollow of the back and the wall, the exercise mentioned above should be practiced night and morning, until the back really fits against the wall.

A number of women are afflicted with breast deformities of one kind or another. Either a sagging bustline or too large or malformed breasts may cause dismay of the most personal sort. Hormones, local applications of creams and ointments, massage, x-rays—every kind of treatment has been tried, but usually these attempts are useless. The best results may be obtained today with plastic surgery. Scars are not visible even in a low-cut evening gown or bathing suit, and the surgery does not interfere with the function of the breasts. An operation of this sort, of course, is effective only when it is performed [*Continued on page 72*]



CANDID COMMENTS—

■ DURING THE PAST 25 years, there has been a growing tendency to write off the private practice of nursing as a specialty fading from the professional scene. According to the opponents of private duty, it is no longer a definite branch of nursing; it is useful only when general duty nursing is insufficient; it will become obsolete the day enough general duty nurses are at hand. They look upon it as a "stop gap" for nurses between jobs, a field for those who fail in other branches, one in which young married nurses can work long enough to get the furniture paid for, a field to which nurses on pensions can turn for extra dollars. But as a career for young nurses? No!

Other nurses are simply indifferent to the significance of its vitality. Despite disparagement and opposition, more than 65,000 nurses are kept busy in the field of private practice. Though these nurses are "self employed," they do not hire themselves. *They work in response to a demand.* It is easy to explain this demand by citing nursing shortages and calling it "emergency," but emergencies do not last 25 years.

The situation is one that should concern the whole profession. A new form of organizational structure, and radical departures in nursing education are proposed because they are

deemed necessary in meeting the whole care of the patient. The practical nurse is included too as part of this plan. Yet the second largest field in nursing (a field kept active by *demand*) is allowed to drift into dangerous waters—when it is not being actively opposed.

The State Section of Private Practice Nursing* of the Ohio State Nurses Association sponsored a workshop in Columbus, Ohio, a few months ago because those nurses recognized the seriousness of the situation. Good private duty nurses know that the kind of care they provide is not an extra luxury service brought in from the outside. It is an integral part of the well rounded care that certain types of patients need. They believe this, for they know intimately and well what good care is. They are disturbed because new recruits are not coming in; their age group is the highest in nursing.

They are disturbed too because the more sharply defined employment standards that prevail in other branches of nursing are making their field a catch-all. Once private practice represented a fairly uniform level of devoted nurses. Today it includes the excellent, the good, the fair, the poor—and the driftwood. There is no health in this. There is danger in it for patients, for the

*The designation of private duty nurses in the Ohio State Nurses Association.

A LONG ROAD TURNING

community, and for the profession.

The Ohio nurses believe profoundly in the ideals and standards that are truly representative of their specialty, and they realize the time has come when they must take a stout stand in defense of them. They have begun by clarifying their own philosophy and setting an example for nurses in other areas. Briefed for their workshop in advance through a published article in the *Ohio Nurses' Review*, each district section sent representatives but the number was kept small in order that discussion be free and open. Though nurses from other branches asked to come, only members of the sections and the speakers were admitted. This policy was amply justified by the lively and frank nature of the discussions.

The workshop provided one of the most heartening days in my memory. From first to last, the patient was right out in front, the center of every discussion. Not one word was heard about hours and fees and membership on committees. These things have their place, but it wasn't in this workshop. Edna M. Kies of the Red Cross, who spoke on private nurses' generous response in disasters and epidemics, summed up the spirit of the day—"This is one of the finest meetings I've ever attended. At every round table there was real concern over what is happening to

by Janet M. Geister, R.N.

patient care. These nurses are more interested in perpetuating the things they stand for than in perpetuating their own jobs."

Two speakers stressed points often overlooked by opponents to private practice. "It is the satisfied customer who will finally determine the issue," said Raymon S. Cram, newspaperman. "If you give a star performance your services will be in demand . . . The effect nurses have on people is often more important than their medication." Dr. Henry H. Schwarzell stated that "The private practice of nursing is part of the American standard of living . . . It is a part of the American tradition that man is important enough to be given every available care, including that provided by private practitioners . . . We must remember that opposition to private enterprise is a common trend."

"The hospital recognizes the patient's right to have special nurses, and the special nurse is a valuable asset to the hospital," said Irene Tinklepaugh, R.N., Director of Nurses, Marion City Hospital. "I wish that every surgical case could have special care for at least 24 hours." She offered and asked for closer cooperation between hospital and special nurse. "Before leaving your case, introduce your patient to

the idea of general care . . . We'll help you develop regular ways of keeping up with new drugs and treatments, but please do not ask busy staff members."

Rarely have I heard more stimulating and informative round-table discussion. The leaders were in excellent form. The nurses had an abundance of practical, well-thought-out ideas; all they needed was a forum where they felt at ease. I couldn't escape the thought that administrators, perplexed by a variety of problems, are missing a fine bet in not promoting more such free forums.

The general conclusions reached in the round tables are incorporated in the Ohio nurses' resolutions (included in this article), which we urge all nurses to *study*, not simply read. They represent the core of the thinking but they cannot portray the color and zest of the meeting. We cite a few comments:

"The hospital should establish its rulings about special nurses by the best of us, not the worst. That will help eliminate the worst."

"Private practice is a specialty but not all of the nurses in it are specialists. Specialization is possible in large cities but not in the smaller areas."

"Why can't the private practice nurses sit in with staff nurses to talk over our mutual problems? We could help each other a lot."

"The student is not getting educated in well rounded, personalized care."

"Private practice of nursing should be included in prepaid medical care

plans, but we want no connection with compulsory forms."

"We must have more help in keeping up with the new medicines and procedures. No two patients are alike. We need educational help in psychology and dietetics, and in understanding the influence on health of social conditions."

There was no rancor or self pity in the discussions—only a sincere facing of facts and a real yearning to offer help as well as to receive it. It was a red letter day. The old spirit of private duty, the vibrant, dominant concern for good patient care, was there. The faith of these nurses in what private practice brings to patients was a faith born out of experience. They were frank in their self examination and eager to share in the actions that will bring only especially qualified nurses into this field.

The following declaration marks the beginning of the first new turn in the long, long road of the private practice of nursing:

WHEREAS, The private practice of nursing has from the inception of the profession in this country provided sick and injured people with a well rounded form of skilled, personalized care, and

WHEREAS, Though the advances of medical science have changed methods of diagnosis and treatment, basic human needs for this protective service have not changed, and

WHEREAS, The increased specialization of physicians requires the support [Continued on page 66]

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FROM SAN FRANCISCO: FOLLOWING ADJOURNMENT OF FINAL BUSINESS SESSION OF 1950 BIENNIAL CONVENTION MAY 12.

R.N. REPORTS BIENNIAL HIGHLIGHTS OF FIVE INTENSIVE DAYS OF CONCENTRATION BY 1,475 DELEGATES REPRESENTING 171,190 ANA MEMBERS.

CULMINATING 11 YEARS DISCUSSION, SIX YEARS STUDY AND MORE THAN 90 THOUSAND DOLLARS EXPENDITURE, ANA DELEGATES APPROVED WITH OBVIOUS RELIEF, AFTER PROS AND CONS AIRE, A REORGANIZATION STRUCTURAL PLAN FOR EVENTUAL AMALGAMATION OF PRESENT SIX NATIONAL PROFESSIONAL ORGANIZATIONS INTO TWO ORGANIZATIONS. . . THE AMERICAN NURSES ASSOCIATION AND THE NURSING LEAGUE OF AMERICA.

ALSO AMENDED ANA BYLAWS TO ALLOW ASSOCIATE MEMBERSHIP TO INACTIVE AND RETIRED NURSES FOR FIRST TIME IN ANA HISTORY. FINALLY ADOPTED WRITTEN PROFESSIONAL CODE OF ETHICS AFTER 25 YEARS INDECISION. DECIDED NOT WITHOUT RELUCTANCE OF SOME MIDWEST AND WESTERN DELEGATES TO RETAIN ANA HEADQUARTERS IN NEW YORK CITY OR ENVIRONS AND AUTHORIZE PURCHASE OF BUILDING OR FLOOR SPACE FOR PERMANENT ANA HEADQUARTERS. ANA 14- POINT PLATFORM PROVIDING HEALTH PROTECTION FOR AMERICAN PEOPLE, AIDING NURSES TO BECOME MORE EFFECTIVE AND MORE SECURE MEMBERS OF THEIR PROFESSION, AND ACHIEVING BETTER HEALTH

THE COMPANY WILL APPRECIATE SUGGESTIONS FROM ITS PATRONS CONCERNING ITS SERVICE

CARE FOR THE PEOPLES OF THE WORLD WAS ADOPTED AFTER
LIVELY DEBATE ON TWO VITAL ISSUES.

ATTEMPT TO INSERT WORD VOLUNTARY BEFORE TERM
"PREPAID" TO FOURTH PLANK OF PLATFORM WHICH WOULD THEN
HAVE READ, "PROMOTE NURSING IN VOLUNTARY PREPAID HEALTH
AND MEDICAL CARE PLANS" WAS VOTED DOWN WHEN PRESIDENT
PEARL MCIVER INTRODUCED ANA BOARD OF DIRECTORS
RESOLUTION ASKING "THE AMERICAN MEDICAL ASSOCIATION AND
OTHER RECOGNIZED NATIONAL PROFESSIONAL AND HEALTH
ORGANIZATIONS TO WORK JOINTLY WITH THE ANA FOR THE
INCLUSION OF ADEQUATE NURSING SERVICE IN VOLUNTARY
NONPROFIT PREPAYMENT PLANS." THOUGH RESOLUTION ADOPTED
BY HOUSE, DISSATISFACTION WITH NEUTRAL OR ON THE FENCE
POSITION TAKEN, FORCED COMPULSORY HEALTH INSURANCE
ISSUE TO FLOOR AT LAST BUSINESS MEETING RESULTING IN
VIGOROUS DEBATE ON WHETHER ANA SHOULD TAKE DEFINITE
STAND AT THIS BIENNIAL. WIRE FROM AMA URGING ADOPTION
OF RESOLUTION AGAINST COMPULSORY HEALTH INSURANCE AND
OFFERING TO PLAY BALL WITH THE ANA IN WORKING TOWARD
THE IMPROVEMENT OF NURSES PROFESSIONAL STATUS WAS
RECEIVED WITH MIXED INDIVIDUAL REACTIONS AND RESOUNDING
APPLAUSE. HOWEVER, TWO DAYS LATER WHEN COLORADO
DELEGATION PRESENTED RESOLUTION ASKING ANA TO TAKE
UNEQUIVOCAL STAND OPPOSING ANY FORM OF COMPULSORY
HEALTH INSURANCE, SEVERAL DELEGATES EMOTIONALLY VOICED
RELUCTANCE TO TAKE ANY ACTION THAT MIGHT BE INTERPRETED
AS POLITICAL IN NATURE. PRIMARY REASONS FOR TABLING
MOTION CONSIDERED TO BE (ONE) AMERICAN MEDICAL
ASSOCIATION MEDDLING AND SUSPECTED COERCION OF
INDIVIDUAL NURSES AND NURSING GROUPS AND (TWO) BELIEF
THAT ANA BOARD OF DIRECTORS RESOLUTION CONCERNING
VOLUNTARY PREPAID HEALTH INSURANCE WAS ADEQUATE AT THIS

1

TIME. TERM "COLLECTIVE BARGAINING" STILL REMAINS OBNOXIOUS TO MANY ANA MEMBERS AS WAS DEMONSTRATED WHEN CONSIDERABLE DEBATE WAS PROVOKED BY N.J. DELEGATIONS MOVE TO DELETE REFERENCE TO COLLECTIVE BARGAINING IN PLANK NINE OF ANA PLATFORM, BUT APPROVE STATES USING GROUP TECHNIQUES AT OWN DISCRETION. RELATIVE TO THIS THE HOUSE OF DELEGATES APPROVED NO STRIKE POLICY WHICH IS THE VOLUNTARY RELINQUISHMENT OF NURSES RIGHT TO STRIKE IF DEMANDS FOR HIGHER PAY AND BETTER WORKING CONDITIONS ARE NOT MET.

TELLERS REPORT ON BALLOTS CAST INDICATED CLOSE RACE FOR MANY OFFICES. NEW PRESIDENTS VOTED INTO OFFICE WERE:

MRS. ELIZABETH K. PORTER, OHIO, ANA AND MISS EMILIE G. SARGENT, MICHIGAN, NOPHN. NLNE REELECTED MISS AGNES GELINAS, NEW YORK, PRESIDENT; ANA REELECTED MISS JANET M. GEISTER, ILLINOIS, 1ST VICE- PRESIDENT; MRS. BETHEL J. MCGRATH, MINNESOTA, 2ND VICE PRESIDENT; AND MISS LUCY D. GERMAIN, MICHIGAN, TREASURER. MRS. LINNIE LAIRD, OREGON, SECRETARY FOR TWO TERMS, ELECTED TO BOARD OF DIRECTORS, WAS SUCCEEDED BY MISS AGNES OHLSON, CONN. NOMINATIONS FROM THE FLOOR WERE FEW, THREE FOR THE BOARD OF DIRECTORS AND MRS. MYRTLE APPLGATE, KENTUCKY, FOR PRESIDENT.

OF SPECIAL IMPORT TO ANA MEMBERS WAS ACTION OF HOUSE EMPOWERING ANA TO CONDUCT A FUNCTIONAL ANALYSIS OF NURSING SERVICE BY MEANS OF A NATIONAL SURVEY OVER PERIOD OF FIVE YEARS TO BE FINANCED BY INDIVIDUAL STATES . . . AT PRESENT TO BE LIMITED TO INSTITUTIONAL NURSING. STATE ASSOCIATIONS REQUESTED TO COLLECT A DOLLAR PER MEMBER PER YEAR OVER FIVE- YEAR PERIOD. AS NEITHER ANA NOR STATE ASSOCIATION HAVE POWER TO ASSESS MEMBERSHIP CONTRIBUTIONS MUST BE VOLUNTARY.

AFTER VOTING TO DISCONTINUE FURTHER STUDY ON IMPRACTICAL LENOX HILL RETIREMENT PLAN, DELEGATES REQUESTED THAT LIABILITY INSURANCE (OTHERWISE KNOWN AS MALPRACTICE INSURANCE) BE MADE AVAILABLE THROUGH ANA, FOR MEMBERS WHO WISH IT.

NOT WITHOUT DUE CONSIDERATION, BUT COGNIZANT OF PROBABLE NEED OF AMERICAN NURSES FOR ASSISTANCE, DELEGATES APPROVED THE MOTION TO COMPLETE LIQUIDATION OF RELIEF FUND BUT EMPHATICALLY REJECTED PROPOSAL TO DIVIDE MONIES BETWEEN FLORENCE NIGHTINGALE SCHOOL IN BORDEAUX, FRANCE AND THE STATE NURSES ASSOCIATIONS. NOT ONLY DID HOUSE WISH IT, BUT ALSO DUE TO LEGAL TECHNICALITY, DELEGATES INSTRUCTED BOARD TO ALLOCATE SUM OF \$19,992 TO STATE NURSES ASSOCIATIONS TO BE USED FOR RELIEF OF NEEDY AMERICAN NURSES ONLY. HOWEVER, CONTRIBUTIONS COLLECTED FROM DELEGATES TOTALING \$1,392.50 WILL BE APPLIED TO \$10,000 FUND REQUESTED BY COMMITTEE FOR THE RESTORATION OF THE FLORENCE NIGHTINGALE SCHOOL.

ALTHOUGH TOTAL REGISTRATION DID NOT REACH EXPECTED 8,000, ALMOST 6,000 WELL INFORMED NURSES ATTENDED CONVENTION. THE HOUSE OF DELEGATES ACHIEVEMENT IN DECIDING UPON NEW STRUCTURE, WRITTEN PROFESSIONAL CODE OF ETHICS AND APPROVAL OF RAISING FUNDS FOR RESEARCH IN NURSING SERVICE MARKS THIS 37TH CONVENTION OF ANA AS AN IMPORTANT MILESTONE IN NURSING=

ALICE R. CLARKE, R.N., EDITOR=

Revolving **N**ews

► **THE WEARING** of a New York State Registered Nurse insignia by all New York's registered nurses is recommended by the Private Duty Committee, the Committee on Personnel Practices and the Board of Directors of District 14, New York State. The insignia which will be worn on the left sleeve of the uniform is expected to cause less confusion in the minds of patients, friends, co-workers, and doctors who are issuing orders.

► **A CUSTOM-MADE** Restoration Surgical Breast claimed to have the feel of normal skin and breast tissues, has been developed by two Missouri sisters, Mildred A. Wright, R.N. and Mrs. Dora E. Gates, for women who have had a mastectomy. The invention, for which there is a patent pending, was recently shown at the convention of the American Academy of General Practice where it attracted favorable notice. For further information write to the Wright and Gates Surgical Breast, 302 North Bloomington, Bevier, Mo.

► **OF SPECIAL INTEREST** to all nurse writers is the announcement made by the Board of Directors of the American Journal of Nursing Co. at the recent Biennial concerning

the establishment of a fellowship "to assist a qualified professional nurse to prepare herself in the technical aspects of writing about nursing and nursing education for professional and lay publications." Under the terms of the fellowship, named in honor of Mary M. Roberts, an award of \$2,500 to \$4,000 for one academic year of university or college study will be given to a nurse on the basis of general professional qualifications, interest and facility in writing and a submitted manuscript on some subject pertaining to nursing. The award will be made in the late summer.

► **A ONE-YEAR** demonstration by the Detroit VNA in the use of practical nurse students in providing home care for cancer patients, will be financed by a \$6,500 grant from the American Cancer Society. The project is expected to show how much the student needs to know about cancer and other chronic diseases; how best the practical nurse can be used in the home in conjunction with the professional nurse; what proportions of time should be spent in bedside care and household management; and how nurses in pub-





Agnes Gelinas
Re-elected President NLNE



Mrs. Elizabeth K. Porter
Newly-elected President ANA



Emilie G. Sargent
Newly-elected President NOPHN

lic health agencies can use most effectively the facilities of the local Cancer Society. The Detroit VNA was chosen to conduct this demonstration because it has pioneered in employing practical nurses to give nursing care to patients with long-term illness. In order to be appointed to the Detroit VNA staff, practical nurses must be graduates of accredited programs of study. As a regular staff member, the practical nurse makes visits alone to the chronically ill only after the professional nurse has evaluated the situation, helped the family develop a plan and done the necessary teaching, and after she has been taught to give the necessary care.

► **ENTHUSIASTIC** reports come from 12 high school boys who recently took a five-weeks' home nursing course in Lawrence, Long Island. Helen Bullwinkel, Red Cross director of nursing service in Nassau County who designed the program, believes that home nursing for boys will become an established course in the country's high schools.

► **USPHS GRANTS** totaling \$863,496 have been awarded to 48 hospitals, universities and other institutions in states and the District of Columbia for continuance of laboratory and clinical cancer research in non-federal institutions. Projects aided by the funds include the clinical treatment of leukemia with anti-folic acid compounds such as aminopterin and aminoterop-
terin; studies of the effect of hormone imbalances on the control and causa-

tion of tumors; efforts to synthesize and reduce the toxic action of colchicine, one of the chemotherapeutic agents destructive to tumors; and use of high-voltage radiation from the betatron in the treatment of deep-seated cancers. Other USPHS funds were earmarked for cancer control projects, cancer teaching and construction of research facilities.

► **OCCUPATIONAL** health courses designed for nurses, physicians, engineers and chemists, leading to a master of public health or a master of science degree, will begin in September 1950 at the Yale University Department of Public Health. The program, which is open to graduate nurses of approved schools of nursing who have a bachelor's degree and satisfactory experience in industrial, public health or hospital nursing, is designed to prepare nurses for supervisory, consultant or teaching activities in occupational health. Further information may be obtained by writing to Occupational Health, Department of Public Health, Yale University, 310 Cedar St., New Haven, Conn.

► **ABOUT PEOPLE:** *Mrs. Evelyn Missel Brown* has been named associate director in charge of nursing education at the University of Illinois-Cook County School of Nursing with the rank of assistant professor of nursing education. A graduate of Cook County School of Nursing, with degrees from the University of Chicago and Western Reserve, Mrs. Brown previously served as assistant

director in charge of communicable disease and urologic nursing service at Cook County . . . *Mrs. Lillian B. Patterson*, president of the Washington State Nurses Association, has been recommended to succeed Elizabeth S. Soule as dean of the University of Washington School of Nursing . . . *L. Louise Baker*, former superintendent of nurses at Children's Hospital, Los Angeles, has been appointed to the same position at Children's Hospital, Oakland, California . . . *Jean Truckey* has succeeded Hulda Edman as executive secretary of the Michigan State Nurses Association . . . Among foreign nurses who attended the Biennial Convention in San Francisco were *Helen Petralia*, President of the Greek Nurses Association, *Gonvor Andersson*, Sweden, *Ingeborg Aagaard*, Denmark, and *Celestina Aponte Rioja*, Director of Nursing School, Standard Oil Co., Buenos Aires.

► **SUBSTITUTE MOTHERS**, who have volunteered at Bellevue Hospital in New York City to give tender, loving care to children in the busy, nurse-short pediatric wards, were praised for their work by New York's Deputy Commissioner of Hospitals. Plans are now going forward to extend the substitute mother plan to all of the city hospitals.

► **NAVAHO** and Hopi Indians of the Southwest will be substantially aided by an \$88 million appropriation bill recently signed by the President. One of the bill's features is the federal government's guaran-

tee to be responsible for 90 per cent of social security payments to the two tribes living on reservations.

► **THE PRIZE PACKAGE** of an all-expense paid trip to New York City offered in a recent contest by Becton, Dickinson and Co., makers of medical and surgical instruments, went to Frances V. Allen, R.N. of Los Angeles, California, who submitted the winning letter and christened B-D's new cartoon character, "Beedee." As a student nurse, "Beedee" will appear in a humorous cartoon series designed to show students the proper use and care of medical equipment.

► **NEWSLINGS:** A scholarship for nursing students, named for Katharine J. Densford, director of the University of Minnesota School of Nursing, has been approved by the University regents . . . "Hi, Neighbor" is the name of the National Mental Health Foundation's new transcribed radio series which attempts to show listeners how to solve the minor problems of their daily lives . . . The house of delegates

of the American Dental Association has approved a recommendation to increase active membership dues from \$12 to \$20 a year . . . Foreign doctors may find it easier to obtain U.S. licensure thanks to a recent AMA action approving 38 European medical schools . . . The Atomic Energy Commission is opening a 30-bed cancer research hospital at Oak Ridge, Tenn.

► **AN ALL-OUT** attack on venereal diseases including that of yaws is being waged in Haiti under the auspices of WHO, the United Nations International Children's Emergency Fund and the Government of Haiti. In a period of two years, the entire native population of 3,500,000 is expected to receive penicillin shots from the 10 mobile units assigned to cover the Island.

► **PAYING** or receiving of rebates or unearned commissions for referring patients on the part of nurses, physicians, pharmacists, dentists, opticians, osteopaths, and veterinarians are forbidden under a new California state law.



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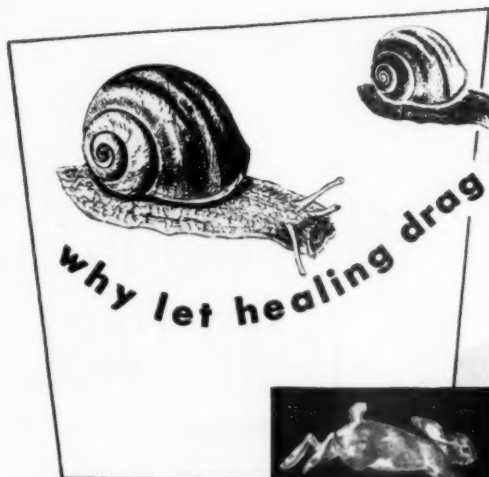
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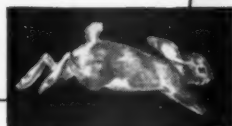
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1. Behrman, H. T., Combes, F. C., Bobroff, A., and Leviticus, R.: Industrial Med & Surg. 18:512, 1949.



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R.N. Speaks

[Continued from page 27]

Education at the University of Missouri which discontinued its professional nurse school in 1947. As in the University of Houston, students are regular members of the student body of the University and although their practical nurse courses are non-credit, they may, on occasion, be admitted to the regular University courses. The curriculum consists of three months of lectures, classes and demonstrations as well as practice in nursing arts and nutrition laboratories. The last nine months are devoted to supervised clinical experience in various University-affiliated hospitals. According to Virginia H. Harrison, Director of Nursing Education at Missouri, the program is part of a long-range plan to supply more nursing care, especially in the rural areas of the state where it is needed.

Minnesota as well as Missouri is also distressed over the shortage of nurses. In a fairly recent survey of the nursing situation in this state, a deficit of 3,701 graduate, professional nurses was noted, and it was estimated that 2,262 non-professional nursing personnel were badly needed.

The one-year practical nursing course at the University of Minnesota (which also has a four-year course for professional nurses) is endeavoring to fill some of this practical nurse demand. Practical nurse students at Minnesota must be high school graduates for they enroll as

regular members of the student body and pay the customary University tuition fee. Since this is the only one of the four university programs under discussion which requires a high school diploma, the necessity of determining whether the student should enter professional or non-professional nursing appears obvious. Katharine J. Densford, Director of the School of Nursing, says that "Careful precounseling of students in our curricula is aimed at placing every student in the field of work which is most suitable for her. Definitely, we are trying not to have finances be the criterion by which a student chooses practical nursing rather than professional nursing."

But again there is a discrepancy between the school of nursing and its publication. The leaflet describing the Minnesota practical nurse course leads off with:

"I wish I could be a nurse, but I just can't spend the time and money it requires to become a registered professional nurse!"

"Have you ever said something like that or felt like saying it? If so, you can change that to: 'With only one year of study and training at the University of Minnesota, I can become a practical nurse!'"

The curriculum which this University offers its practical nurse recruits includes both theory and nursing practice courses and, in addition to the usual practice period spent in the University hospitals, there is supervised experience or observation in agencies such as nursing homes, the University nursery

school and public health agencies. This fall an 18-month experimental combined course in home management and practical nursing will be offered by the School of Nursing and the School of Agriculture. Experience will be provided in rural hospitals, rural clinics and rural communities, and the curriculum will embrace such subjects as Home Management for Nurses, Clothing Planning and Construction, Art in Every Day Life, Rural Sanitation and Rural Sociology.

Minnesota's one-year practical nurse program differs in another important respect from those of the other three schools: It grants college credits. If students wish to continue for another year as general college students, or if they have already

completed a year before taking the practical nurse course, they will receive a University of Minnesota Associate of Arts degree upon completion of the two years of study. When queried on this subject, Miss Densford said that approximately 25 per cent of the students are working toward such a degree, and that "most of them, we would think, do not expect this additional work to affect greatly or to aid especially their employment. In all probability there is some satisfaction in possessing some kind of degree."

Though admittedly experimental, and primarily vocational in content, this program at the University of Minnesota shows more clearly than the others the possible results of placing practical nurse education



TUMS relieve annoying hyperacidity—soothe, settle and sweeten your acid upset stomach. TUMS contain no baking soda—

absolutely none! No danger of over-alkalizing. No unpleasant acid rebound. TUMS are easy to carry—handy roll fits neatly into any pocket or purse. And TUMS are extra easy to take. Just slip a TUM or two in your mouth same as you would candy mints. No mixing, no stirring! Be prepared with *almost instant* relief from acid indigestion—always carry TUMS.

Dear R. N. We will be delighted to send you without charge a professional sample of TUMS in a handy metal carrier. They will convince you. Fill in address below and send to

Lewis-Howe Co., Dept. RN, St. Louis (2), Missouri.
Send me professional sample of TUMS in carrier.

NAME _____

ADDRESS _____

for the most delicate tissues



Johnson's
ANESTHETIC LUBRICATING JELLY

endoscopy combined anesthetic-lubricant action
facilitates cystoscopy, proctoscopy
and other endoscopic procedures.

anorectal pain relieves anal and rectal pain—
especially valuable postoperatively.
Each package contains an anorectal applicator.

burns protective anesthetic dressing for painful
first and second degree burns.

Johnson & Johnson

**Write for
Special Discount
To Nurses**



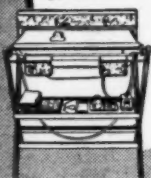
Bathinette*

COMBINATION BATH AND TABLE

LOOK FOR THE NAME "BATHINETTE" ON YOUR BABY BATH. FRIENDS WILL Remember! All Baby Baths are not "Bathinettes"! "Bathinette" is a Registered Trade Mark.

Why be satisfied with anything but the finest, the Original . . . Before you buy, write to us for free literature which describes the Exclusive Patented Features, positively necessary in a Baby Bath, which have made "Bathinette" the largest selling Baby Bath in the world. There is a Dealer in your City. Be sure it's a "Bathinette."

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A MODEL FOR EVERY NEED
PRICED FOR EVERY PURSE

BABY BATHINETTE CORPORATION . . . ROCHESTER 7, N. Y.
Sole Builders of Bathinette Products

HENRY DAVIS & Co., Ltd. TORONTO, Canada



SUMMERTIME . . .

on an island off the Eastern seaboard . . . a beautiful spot with mountains and fresh water lakes, and the island itself surrounded by salt water . . . a fashionable summer resort . . . What could be finer?

The hospital is relatively new, splendidly equipped, and needs an *anesthetist*.

Interested? Write or wire for further details . . .

(If you are interested in a new position, send for our Analysis Sheet so that we may submit an individual survey of opportunities in your particular field.)

BURNEICE LARSON, Director
THE MEDICAL BUREAU
Palmolive Building Chicago

within the college framework. For even though the curriculum may appear the same as that given in other institutions, chameleon-like it may tend to take on the color of its surroundings and eventually come to be identified with higher education or professionalism. If this seems too far-fetched, stop for a moment and consider how an uninformed patient or employer, given his choice of an R.N. and a practical nurse with a university degree, might make his decision.

By further blurring the already smudged boundary line which divides practical and professional nurses, it could confuse recruits to both types of nursing and affect the employment of the R.N. Undeniably this confusion would become more apparent if the team concept, the theory of the practical nurse working in close harmony with the professional nurse and physician, is not developed simultaneously.

This criticism isn't intended to be carping; it is merely an effort to point out possible consequences of recent experimentation in practical nurse education. Wherever the team concept remains a theory rather than an actuality, such consequences could be detrimental to the best interests of our profession.

—FRANCES LEWIS, R.N.
ASSOCIATE EDITOR

The first hospital in North America was established by Cortez in Mexico City in 1524. It is still maintained under the name "Hospital Jesus Nazerino."

FIT to fill a nurse's needs...

THOSE COMFORTABLE
Enna Jetticks
America's Smartest Walking Shoes



What marvelous fit...what inviting ease ENNA JETTICKS bring into a nurse's busy life. That's exactly what's needed to keep her going happily through hot days on her feet. A nice choice of regulation styles is yours for the choosing—also party-time and leisure fashions!

Some ENNA JETTICK Styles
are made in sizes 1 to 12
widths AAAAA to EEE

\$7⁹⁵ to \$9⁹⁵



Surrey \$9⁹⁵
Leather-soled
Sizes 1 to 10
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A POSITIVE MEANS OF Promoting Nutritional Adequacy

Whenever the need for dietary supplementation arises—as in anorexia, perverted food habits, during and following illness, and in gastrointestinal disease—the regular use of Ovaltine in milk can be of signal value. Taken daily, this well-rounded multiple dietary supplement gives virtual assurance of nutritional adequacy.

As indicated in the table, Ovaltine in milk provides virtually all essen-

tial nutrients in balanced, generous amounts. Its protein is biologically complete. It supplies not only B complex vitamins, but also vitamins A and D as well as ascorbic acid and the essential minerals iron, calcium and phosphorus.

The delightful taste and easy digestibility of Ovaltine in milk is relished by patients of all ages, hence the recommended three glassfuls daily are taken without resistance.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.

Ovaltine

Three servings of Ovaltine, each made of
½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

PROTEIN.....	32 Gm.	VITAMIN A.....	3000 I.U.
FAT.....	32 Gm.	VITAMIN B ₁	1.16 mg.
CARBOHYDRATE.....	65 Gm.	RIBOFLAVIN.....	2.0 mg.
CALCIUM.....	1.12 Gm.	NIACIN.....	6.8 mg.
PHOSPHORUS.....	0.94 Gm.	VITAMIN C.....	30.0 mg.
IRON.....	12 mg.	VITAMIN D.....	417 I.U.
COPPER.....	0.5 mg.	CALORIES.....	676

*Based on average reported values for milk.

Two kinds, Plain and Chocolate Flavored. Serving for serving, they are virtually identical in nutritional content.



The Sneezing Season

[Continued from page 35]

many troublesome allergic symptoms.

When histamine, a substance normally present in all cells in an inert form, is released, it dilates the capillaries so that they become porous and allow the fluid part of the blood to escape into the surrounding tissues, thereby producing swelling. What the final results of this response of histamine will be depends upon the shock tissue, or the tissue in which the allergic reaction takes place. The swelling of the nasal mucosa in hay fever is one result of histamine action; the swelling of the skin in hives is another.

So far, no drug has been developed which makes the cell itself resistant to the antigen and therefore less likely to release the histamine substance. However, fairly successful attacks have been made on two other fronts, one by eliminating the source of the irritating antigens and the other by immunizing the patient against their destructive action. The success of both these methods, of course, depends upon the correct identification of the causative antigen. And to find out the identity of this antigen often requires the talent and ingenuity of a Sherlock Holmes. The allergist must round out the physical history of the patient with a complete and detailed study of his environment, taking into account all the social, economic and even psychogenic factors.

Scratch tests or intradermal injections of standardized alkaline-

saline extracts of the suspicious pollens are used to confirm the tentative diagnosis. Positive reactions appearing about five to fifteen minutes after injection will consist of a wheal surrounded by a reddened area and if the subject is extremely sensitive, there may be excessive redness and itching accompanied by constitutional symptoms. Pollen preparations are also sometimes applied to the conjunctivae or nasal passages in order to test sensitivity. Although seasonal hay fever is probably one of the easiest allergies to diagnose, because its course is confined to well defined pollinating seasons, not infrequently the pollen allergy may be complicated or aggravated by other allergic factors requiring more research and tests.

Once the causative pollen has been discovered, the patient may be advised to go to other sections of the country for the duration of the pollinating season or he may be urged to use such mechanical contrivances as air-conditioning machines, filters and masks. One of his best chances of obtaining symptomatic relief will lie in a course of hyposensitization. Under this therapy, he is given diluted doses of the irritating antigen so that he can build up "blocking substances" against it in the blood stream. These blocking substances protect the sensitized cells from contact with the antigen and stave off histamine release. For example, in ragweed allergy, an extract of ragweed pollen, given in increasing amounts, prevents the inhaled ragweed pollen

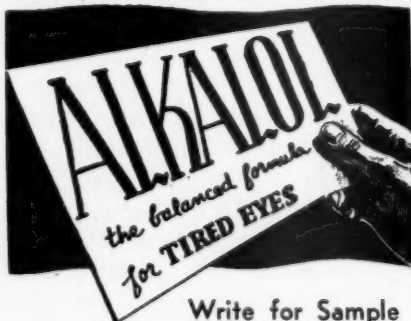
from uniting with the sensitized antibodies attached to the nasal mucosal cells; consequently, the cells are not injured, histamine is not released and symptoms are not forthcoming. In order to maintain this barrier, injections may be given once a month throughout the year or begun several months before the pollinating season and continued throughout the season.

The most important adjuncts to hyposensitization therapy, and frequently used in conjunction with it, are the antihistaminics which block the action of histamine, the substance presumed to cause the allergic symptoms. And here a word of warning. Although many of the antihistaminics on the market today are markedly effective in subduing allergic symptoms, they are not cures and they do not eliminate the mechanism responsible for these symptoms. They merely prevent the cells' reaction to histamine. For this reason, antihistaminic therapy should not be confused with the more specific treatment of hyposensitization.

Other drugs well known for affording symptomatic relief in hay fever are the sympathomimetics

which act by constricting the small blood vessels, the most common of which are epinephrine, ephedrine, and many other sympathetic amines. Atropine as a parasympathetic inhibitor causes a decrease in secretions and dilatation of bronchi, and is sometimes administered with epinephrine or ephedrine. Two antihistaminics, Pyribenzamine and Thenylene, and the sympathomimetics ephedrine and epinephrine are discussed in this month's *Drug Digest*, p 36. (For description of Benadryl, another antihistaminic used in hay fever therapy, see *Drug Digest*, R.N., Dec., 1949.)

Although hay fever is frequently considered by its victims as a necessary evil to be endured with stoicism, it should always be given the benefit of present-day treatment. It has been estimated that bronchial asthma occurs in more than 60 per cent of untreated hay fever cases, and many times the congestion of hay fever leads to secondary infections which may set off more troublesome allergic manifestations. Hay fever is not just a "summer cold," with considerable nuisance value. It can be hazardous as well.



Write for Sample

The Alkalol Company, Taunton 24, Mass.



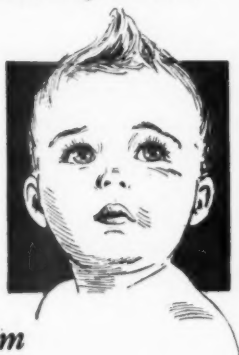
Write for Sample

The Alkalol Company, Taunton 24, Mass.

Baby gets a fine start!

This complete choice meets normal dietary needs!

NURSE, when the Doctor recommends feeding solids, you can advise a mother to start her baby on Beech-Nut Cereal and follow with Beech-Nut Strained Foods and Junior Foods. No foods can give your young patients higher quality or finer flavor.



Babies love them—thrive on them

Beech-Nut

FOODS for BABIES



**SOLD IN GLASS
EVERYWHERE**

Only one uniform
method of packing



Beech-Nut high standards of production and ALL ADVERTISING have been accepted by the Council on Foods and Nutrition of the American Medical Association.

Candid Comments

[Continued from page 46]

of nurses experienced in skilled, well rounded nursing care—a type of service over and beyond the general care provided by staff nurses, and

WHEREAS, The private practice of nursing relieves the hospital of the continuous care required by very sick patients, and

WHEREAS, The private practice of nursing relieves the patient's family of mental anxiety, and promotes quick recovery through intensive nursing care and the establishment of confidence, and

WHEREAS, The field of private practice constitutes a flexible, professionally alert and readily available pool of strength from which the community and nation draw their reserve in their unpredictable and inevitable disasters and epidemics, and

WHEREAS, It is in the American tradition to conserve and protect our citizens through the use of every possible available facility, and the individual patient or his

family be given freedom of choice in his use of these facilities, and

WHEREAS, Nurses in private practice have chosen this field of service because their experience proves its needs and values, and because every citizen has the right to practice fully and freely his field of activity provided it meets a public need.

BE IT THEREFORE RESOLVED that we who represent the official body of organized private practitioners in Ohio, affirm our faith in the essentiality of this service in the community's program for the care of illness and accident, the prevention of illness and the promotion of health.

BE IT FURTHER RESOLVED that our field of practice be recognized by all branches of nursing as essential to the complete service the profession brings to the community, and that adequate recognition be made of this, not only in the undergraduate preparation of the nurse, but in the formulation and execution of plans established to meet the nursing needs of the community. [Please turn the page]

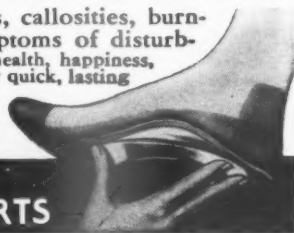
WEAK OR FALLEN ARCHES

Are Especially Common Among Nurses. Quick Relief This Proved Way

Tired, aching feet, rheumatoid foot and leg pains, callosities, burning sensations, sore heels—these are typical symptoms of disturbances in the arch structure. Don't let them jeopardize your health, happiness, disposition, career. Be fitted with Dr. Scholl's Arch Supports for quick, lasting relief. Light in weight, thin, extremely resilient. Expertly fitted at Shoe, Department Stores and Dr. Scholl's Foot Comfort Shops. \$3.50 pair, up. For booklet on Foot Care, write Dr. Scholl's, Inc., Chicago. * Trade Mark Reg. U.S. Pat. Off.

Dr. Scholl's ARCH SUPPORTS

Foot Comfort



BEEDEE . . . by B-D



"THESE THINGS AREN'T HOT. . . I CAN
PICK THEM UP WITH MY BARE HANDS."

Palmer

One of the first lessons a student nurse learns, Beedee, is that hypodermic syringes must be sterilized and kept free from contamination until they are used. Boiling, autoclaving, dry heat or suitable chemical agents are used for such sterilization.

As you gain experience, Beedee, you'll appreciate the fact that B-D Hypodermic Syringes are made of special formula resistance glass to stand up under constant handling and repeated sterilization. The care you give them will prolong their life indefinitely. Do not boil a syringe longer than necessary to achieve sterilization; do not boil it in water of high alkali content; do not boil it in water containing sodium bicarbonate or sterilizing tablets containing this chemical; and make sure every syringe is clean before sterilization.

A B-D Hypodermic Syringe is a precision instrument . . . treat it well and it will serve you well.

Our thanks and a gift of B-D products to Minnie Jenkins, R.N., of Aberdeen, Idaho, who submitted the idea for this month's Beedee cartoon.

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THE MOST COMFORTABLE
BEAUTIES YOU EVER WORE!

Haymakers
by *Avon*

SIZE CHART

AAAA	5½-10
AAA	5-10
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A	4-10
B	3½-10
C	3-10



PUMP



Hand Made
of Smooth Leather,
They're the Softest Shoes
That Ever Walked

You'll love the beauty, the comfort, of
your Haymakers . . . hand-sewn of one
piece of supple-smooth leather with no
nails, ridges or stiff toe boxes to detract
from their wonderful walking ease . . .
their sleek-as-a-glove fit! White, brown,
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leather.

\$12.95

At your favorite store, or mail us this order:



AVON SHOE CO. RN-6
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Please send me Haymakers at \$12.95 pair.

Moccasin Ties: Size _____ Color _____

Moccasin Pumps: Size _____ Color _____

Check enclosed ☐ Money Order enclosed ☐

Name _____

Address _____

City _____

State _____

BE IT FURTHER RESOLVED that
each district section be enjoined
to develop and promulgate a pro-
gram of activity:

1. To offer our services to nurse
educators in the development of
a student training program that
will offer practical experience in
the whole care of the patient.

2. To offer our services to hospital
administration to work out the
philosophy and practical use of
the non-professional worker and
that we ourselves in district sec-
tions engage in a study of this
problem.

3. To ask for the cooperation of
hospital administrators and nurse
educators in our efforts to keep
abreast of new medicines, new
treatments, new devices.

4. To set up standards of entrance
requirements to the field of pri-
vate practice that will in time
eliminate nurses not qualified for
such practice.

5. To develop our district section
programs to a point where they
can be blended into a program by
the State.

These resolutions were unanimously adopted
by the members present at the closing dinner
meeting of the Private Practice Section of
the Ohio State Nurses Association on Feb-
ruary 24, 1950.

One Mexican man out of every
five was a medicine man among the
Huichol Indian tribes. The name
Huichol itself is a Spanish corruption
of a native word meaning healer.
They were crackerjacks at their pro-
fession, mending health with the use
of herbs.

Keep your sweetness longer with the New finer MUM!



A fresh clean uniform is a symbol to your patients. It stands for cleanliness, for personal freshness, too. Yes, fastidiousness is important to you. Now you can keep that fresh clean feeling longer with the new finer **MUM**.

This new **MUM** contains a wonder-working ingredient M-3 which protects against the bacteria which *cause* underarm odor. It not only stops the growth of these bacteria, it keeps down their future growth, too. **MUM** doesn't merely *mask* odor—it interferes with its development.

You'll like the soft creamy texture of this new **MUM** which makes it easy to put on. There is nothing harsh about **MUM**. Nothing to irritate the skin. Nor will it harm even the finest fabrics.

MUM's delicate floral scent will delight you—it's a special fragrance created for **MUM** alone.

Keep your sweetness all through the day with **MUM**—the creamy deodorant that *prevents* underarm odor.

Now contains amazing
new ingredient M-3—that
protects against
odor-causing bacteria

MUM's protection CROWS and GROWS!

Thanks to its new ingredient, M-3, **MUM** not only stops growth of odor-causing bacteria but keeps down future growth. You actually *build up* protection with regular, exclusive use of new **MUM**! Now at your cosmetic counter!



New **MUM**
cream deodorant



A product of BRISTOL-MYERS COMPANY • 19 West 50 Street, New York, N. Y.

PAMPER YOUR FEET



CUSHION-FLEX

**SHOES with SOFT, FLEXIBLE
SPONGE RUBBER INNERSOLES**
Like Walking on Air! Wear them
all day—THEN put on your party
shoes and step out with feet as
fresh as the dawn.

Real Quality at a low, low price

ONLY \$5.95

SAVE UP TO \$3 A PAIR

SIZES AAA - C, 3½ - 10

**ORDER BY MAIL (Cushion-Flex
shoes are sold by mail only)**

CUSHIONFLEX

Dept. RN 50, Boston 5, Box 1964

Send me, postpaid, ☐ pairs Nurses Shoes
(Regular Heel)

☐ pairs Nurses Shoes
(Low Heel)

Size, Width (or ☐ Foot
tracing enclosed)

☐ Check or M. O. enclosed

Name

Address

Your Community

[Continued from page 29]

to your community, to nursing, and to yourself as well. You find that old spirit of nursing that you had captured at least once in your nursing experience being rekindled and revived, for as an instructor of Home Nursing, you get an opportunity to make new friends and enjoy mingling with laymen.

The American Red Cross will provide training to help you teach these courses, but they expect a fair return on their investment, for Home Nursing instructors are needed in almost every community. Most chapters provide this community service on a volunteer basis; some others pay the nurse instructors. When a salary is paid to the nurse it is usually by the local chapter, but sometimes it is shared by cooperating groups sponsoring the classes.

As for applying this learning to a full-time job—that depends on the community, its needs, and how well the program is sold to the public through the local Red Cross chapter. The possibilities for classes for both courses are many—high schools, junior colleges, adult education courses, foreign speaking communities and interracial groups. The Red Cross Volunteer Nursing Services Committee assumes the responsibility of recruiting students, circulating publicity, preparing the equipment and supplying the classroom. You as a nurse have the responsibility and also the satisfaction of sharing your wealth of nursing knowledge and experience with the community.

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slacks
are
smart--
slackness isn't!

Never overlook personal details, the tremendously important trifles of everyday contact, on duty or off. Simple, routine use of **Bo-Car-Al®** can help you stay fresh, gain and keep poise and self-confidence. This well known, widely used Sharp & Dohme product for feminine hygiene exhibits mild antiseptic properties in solution and a pH of 3.5 to 4.0, which helps preserve normal acidity and freedom from infection. Write today for a free sample of **Bo-Car-Al** powder.

SHARP & DOHME, Box 7259, Philadelphia 1, Pa.

Without charge, please send me a trial packet of *Bo-Car-Al* Hygienic Powder.

Name _____

Street _____

City & Zone _____ State _____

Fashion's Guinea Pig

[Continued from page 43]

by a well trained and experienced plastic surgeon, and is not something to be treated lightly.

It has not been found wise to experiment with massage unless a doctor suggests it. Diet and exercise, combined with good posture are superior measures. Since the breast tissues are delicate and easily injured, the deep, powerful massage that breaks down fatty tissues is likely to damage the breasts seriously. Suggestions about creams or lotions or mechanical gadgets for developing or reducing the bust should not be taken seriously. In addition to being a waste of time and money, they may prove dangerous. Any safe treatment involving electricity will be prescribed by a doctor and given by him or a recommended physical therapist.

Dr. Frederic W. Bancroft, associate professor of clinical surgery at Columbia University College of Physicians and Surgeons, said that statistics show that women who have never borne children, or who

have had numerous miscarriages, or who bear children and do not nurse them are more likely to develop breast cancer than women who nurse their babies.

Another point relative to breast health was contributed by Dr. W. P. Nicholson. In discussions concerned with health of women's breasts in modern-day life he stated, in essence, "Breast cancer is one of the diseases to which human beings fell heir when they decided to walk erect instead of leading a four-footed existence. The female breast is influenced by this upright position, which tends to cut off circulation, causes the breasts to droop, and sets up inflammation in the milk gland tissue where cancers are most apt to form. Proper fitting brassieres that give support can help minimize the cancer danger."

A woman who has breast pain or some change of breast contour, should always consult her doctor. While some breast maladies may be serious, and sometimes painful, many are benign and can be remedied by expert treatment. Among the common breast maladies are

CUT-TO-ORDER SERVICE

... one reason
for insisting on

GAUZTEX
THE SELF-ADHERING GAUZE

Of course you know Gauztex, the self-adhering bandage. Professional Rolls may be ordered with cuts of 1/2", 3/4", 1 1/2", 2" or wider widths... not just 1" or 2" cuts alone.

Professional samples available on request

GENERAL BANDAGES, INC.

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Gauztex Professional Package
12" x 10 yd.



**mighty stubborn
cases of**

ATHLETE'S FOOT **yield to OCTOFEN®**

The History-Making Fungicide!

Octofen is the sure "solution" when the problem is athlete's foot! In clinical tests, in private practice, **Octofen** is producing history-making results...even in the most stubborn cases...winning the acclaim of leading physicians.

HERE'S WHY: Readily acceptable to patients—Non-irritating, greaseless, easily applied, pleasant to use.

Octofen

A true fungicide—kills fungi on contact. Has cleared up athlete's foot in as short a time as 1 week. Has shown no primary irritation or sensitization in clinical work to date. Practically eliminates overtreatment dermatitis.

Suggest

Octofen...and you're in for worlds of praise!



**1½ and
4 Ounce
Bottles**

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McKESSON & ROBBINS, INCORPORATED
Dept. RN-6
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Gentlemen:
Please send me **Free** a sample package of **Octofen**—sufficient to test its efficacy—and descriptive literature.

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McKESSON & ROBBINS, INCORPORATED
Bridgeport 9, Connecticut

chronic cystic mastitis (a blockage of the milk ducts, causing little nodules to develop), fibroadenoma (a tumor similar to the fibroid tumor of the uterus), and a papilloma (a tumor in the ducts, causing a bloody discharge).

The second most common type of cancer in women—cancer of the breast—is a possibility neither the doctor nor any woman should ignore. It is known that about 90 per cent of the early cases are curable, and even 40 per cent of the late ones may be treated successfully. While it usually occurs after 45, women of any age can have breast cancer. It may result from prolonged pressure or irritation, or from certain benign tumors, though probably not, as many people suppose, from a single injury such as a blow. As pain or discomfort cannot be depended on to warn a woman of cancer, other signs should be looked for. The first sign of breast cancer is usually a lump, which in 80 per cent of all cases is painless. All breast lumps are not cancerous, however.

Any deformity or alteration from normal contours; a breast or nipple

that appears unusually higher than the other; dimpling or attachment or pulling of the skin; retraction of the nipple; bleeding or colored discharge from the nipple; rash around the nipple; an enlarged gland in the armpit; or a running sore on the skin of the breast are all reasons for investigation. If cancer is present as indicated by a complete examination, either surgery, x-ray or radium treatments usually follow. The latest surgical techniques and advances in the use of radium and x-ray have cured many patients who would once have been called hopeless cases.

Fortunately, gone are the days when people thought that the feminine bosom was the seat of fertility, and when women prayed and wore charms and amulets in the hope that they would be granted milk for their babies. Gone too are the fashion-fetishes which proved the ruination of health and figure alike. More widely spread knowledge and a common-sense attitude toward the facts of life have helped promote a more sane and healthy respect for the body in general and the breasts in particular.

Use a Soap That's Made To Help Your Skin — CUTICURA

Want to keep your complexion smooth as satin? Use fragrant, emollient Cuticura Soap twice a day. Want to be exquisitely dainty, safe from perspiration odor? Use Cuticura Soap for your daily bath. Pure, mild, gentle, Cuticura never irritates, abounds in rich purifying lather. Buy at your favorite dime or drugstore. And get emollient Cuticura Ointment too, for softer, lovelier face and hands.



Nursing hay fever?

Summer colds?



Your relief has arrived

a generous supply...

FREE!

provides

fast

relief

with

low

10 mg.

dosage

inhiston

THE ANTIHISTAMINE TABLET

TRADE MARK



Union Pharmaceutical Co., Inc.
Montclair, N. J.

Gentlemen: Thanks for a supply of *Inhiston* for hay fever and summer colds.

Name _____

Address _____

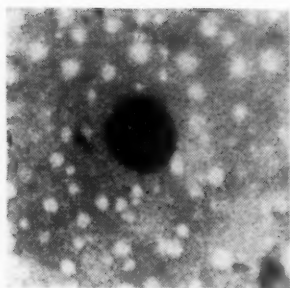
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State _____

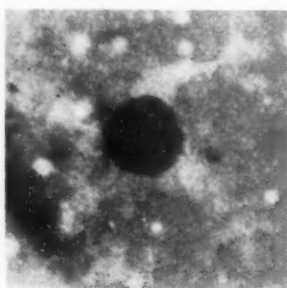
“A germ’s eye-view” of Bactine

in action

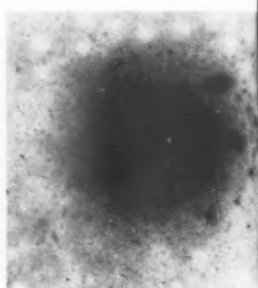
Electron photomicrographs (x 32,000) strikingly demonstrate *Bactine*’s unusual “explosive” or disintegrating action on bacteria. Minute globules of *Bactine* coat the organism and readily break through its protective membrane. Rupture of the germ’s cell wall is rapidly followed by complete disintegration.



First step
The small, light-colored globules are *Bactine*. Note their accumulation around the *Staphylococcus*.



Second step
Disintegration is beginning at the periphery of the bacterial body.



Third step
Beginning of the end. Complete disintegration of the outer portion of the *Staphylococcus*. Contents of the bacterial body are being released.

*achievement
in antiseptics*

Bactine

TRADE MARK

*new, powerful — yet gentle — antiseptic,
bactericide, cleanser-deodorant, fungicide*

These distinctive features make *Bactine* invaluable for office, hospital, personal and home use—

Bactine is a clear, colorless, non-staining liquid with a clean, fresh odor.

Bactine makes skin, clothing, textiles, glass, metal, plastic and enamel surfaces surgically clean.

Bactine gives prolonged protection to hands and other disinfected surfaces. This keeps them antibacterial for several hours after application despite re-contamination.

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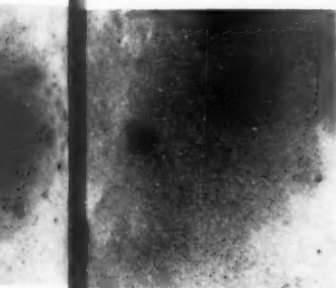
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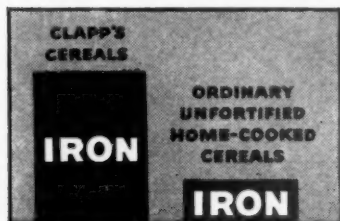
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Doctors agree Clapp's Cereals supply that important iron—in a healthful, natural way.

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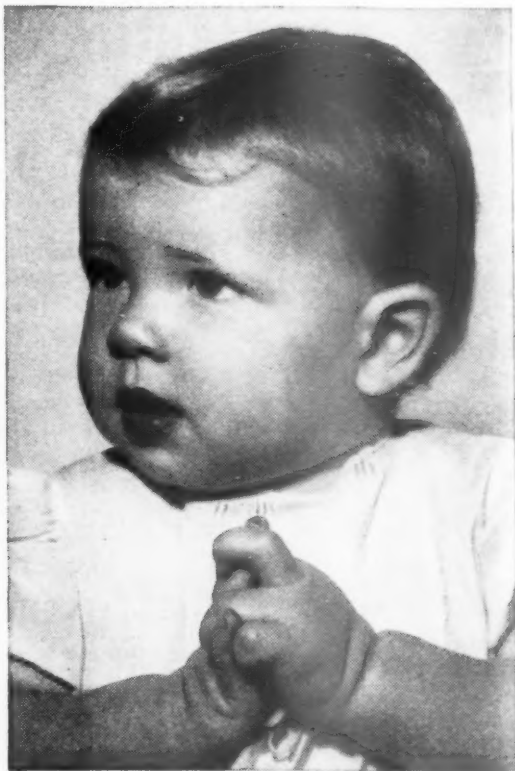


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More Vitamin B₁



Clapp's Cereals have 2½ times more Vitamin B₁ than unfortified home-cooked cereals. Plus rich, nourishing nonfat milk solids, wheat germ and brewer's yeast.



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Forever Ugh!

[Continued from page 32]

big gobs of turquoise the size of door knobs which dangled from her pierced ears.

At that moment I became fired with the wild, mad, passionate desire to have my ears pierced. That evening I started looking into the possibilities of getting holes in my ears. One of the doctors at the hospital said he would be glad to do the operation if I would have the instruments sterilized.

Terpischore, the girl who shared the 2:30 to 11:00 shift in pediatrics with me, consented to be the doctor's assistant. While the doctor threaded two Keith needles with heavy cotton suture, Terp (We called her Terp for short.) cleansed my ear lobes and marked ink dots where the holes were supposed to be.

"What are you going to use for an anesthetic?" I asked, wondering whether I'd get gas or pentothal.

"Oh, I never use an anesthetic for this operation," the doctor answered.

"Not even a little Novocain?" I asked hopefully.

"Nope."

I could see I was getting nowhere, so I gripped the chair and waited.

I didn't feel it when the needle pierced my flesh, but it squeaked and stung when he pulled the suture through the newly made hole, and that fingernails-scraping-on-the-blackboard feeling ran up my spine. I began to wonder how I'd look with just one pierced ear.

I won't say how big those needles

were, but when the doctor had finished, he took one needle, handed me the other, struck a Douglas Fairbanks, Jr. pose, and said, "Wanna fence?"

Well, now I have holes in my ears, and since I'd never worn any kind of earrings before (or since) my friends frequently ask me why I had my ears pierced. Not desiring to go through the episode I've just related, I usually say, "Oh, just for the 'hole' of it."

I'd spent so much time in the school office writing "incident reports" that I felt reluctant to go there voluntarily when I wanted an overnight permit which I had coming, but I remembered my early briefing and approached Miss Guide.

"I have a 3:30 Saturday, and Sunday is my day off. I'd like permission to spend Saturday night with a family in Gallup," I explained.

"I'll have to ask the hospital superintendent if it can be arranged," she said unsmilingly. "Report to my office again this afternoon."

When I reported back she said, "The superintendent doesn't feel that she can grant your request, so she's going to phone the Indian agent for this area this evening. Come to me again in the morning."

The next day was Saturday, and I was getting anxious.

"Unfortunately the Indian agent is not familiar with the rules concerning overnight permits, but he says he will get in touch with the main office in Illinois."

"Tell him not to bother, I'll withdraw my request," I said, knowing

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(1) cleanse the vagina and insufflate with sufficient Devegan powder to cover all portions of the vault;

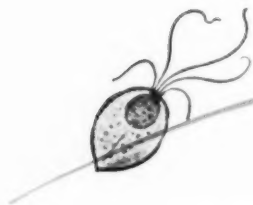
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that the head of the main office would probably have to consult the President. I knew that the President was on a tour of South America and that if he were consulted, he wouldn't be able to grant the permission. He'd have to ask Congress.

Eventually, the cadets had to raise some money to leave a memorial in the nurses' home. To do this we decided to sell tickets to a dance in a converted barn.

We had to have a theme for decorating, advertising and a program. Now we were all a little behind on current events, but one of the girls had heard that Hawaii was being annexed to the U.S. as a state and that another star was going to be added to the American flag. She suggested that we call our project the "Hawaiian Star Dance." The vote for this theme was unanimous.

The cadets decorated the barn gaudily with red, white, and blue crepe paper and the cadet vocal trio began practicing Hawaiian songs. We hired a cowboy band for \$50. (For \$50 the band even agreed to wear leis around their necks.)

By the night of the big evening everyone for 40 miles around had heard of the dance and all of the cadets' boyfriends from Gallup had promised to be there.

By 9:30 a few of us began to wonder why none of the expected friends had arrived. The party seemed pretty lifeless with just a handful of Indians (never great conversationalists at any time) who'd straggled in, and about 30 cadets.

At 10:30 we decided to go on

with the program even though there were very few guests. I was MC. The cadets had heard my jokes, and the Indians were indifferent to my scintillating style. The whole program went over like a lead balloon.

The next morning we learned why our dance had been a flop. Our friends, the federal agents, having heard about the plans for the big evening, had set up a barricade just inside the Reservation and searched every car for liquor. (Federal offense, you know.) Since they found liquor in most of the cars, nearly all of our guests were arrested. There wasn't even standing room in the local jail, and there are still only 48 stars on the American flag. (Hum.)

It was comforting to find in the Indian Service a student nurse who had to recopy more charts than I. Although I had recopied dozens of charts because they were illegible, Blossom Oglethorp had recopied many more because of the way in which she expressed herself. Personally I liked her inimitable style with such phrases as "Regular diet—ate like a horse," and another time when she embellished Herbert Whitesheep's record. Herbert was a 70-year old Indian who had had a suprapubic prostatectomy. During the night, when Blossom heard some commotion in the ward, she went to check and found Herbert standing straight up in bed yelling for his sheep and swinging his five-foot drainage tube attached to a Foley catheter in a wide arc around his head. Blossom charted the incident,

"1:00 a.m.—Patient his usual irrational self, standing up in bed, swinging tube around his head like a lasso."

After five months of struggling to understand the unintelligible utterances of my Navajo patients, and calling an interpreter every time I wanted to make myself understood, I gave up trying to learn Navajo and decided to teach the Navajos the English language.

I had the perfect subject on which to try my experiment. Her name was Nadizbah. I liked the white-haired, snag-toothed octogenarian, and I think she liked me because I always brought her mid-morning snacks of peanut butter sandwiches and coffee. I don't think she understood I was a nurse, as she always shook hands, a gesture which I started and Nadizbah never forgot, and treated me like a visitor who'd come to see her. When she chatted with me, the other women in the ward laughed, but I could only wonder.

Nadizbah's main ailment was senility.

The day I decided to start my English teaching project, I went to

Nadizbah's bedside accompanied by an interpreter. (The interpreter said that Nadizbah introduced me as her "favorite daughter.")

It wasn't long before Nadizbah grasped the idea that she was to say everything I said after me. I started off with a few basic English phrases, such as "Hot dog," "Hi, kid," and "Oh boy" and my student repeated them happily without a trace of accent and she sounded convincing since she even added appropriate gestures.

The next day when the Indian agent came to go on a tour of the hospital, the director of nurses, the superintendent and the doctors accompanied him on his rounds. Everyone was walking the chalk line.

I was in Nadizbah's ward doing some last minute straightening up when the inspectors entered the room. The moment Nadizbah saw the little group, she waved and yelled, "Hi, kid. Hot dog."

"Ugh," I said to myself and went on shining the door knob.

Absolutely pure water would be injurious to drink.



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THE PERFECT PICNIC (ALMOST)

BY CORKA



THEY THOUGHT OF EVERYTHING **BUT**

THE O'NEILL FAMILY ADDRES PICNICS... SO DOES NEXT-DOOR JANEY (SHE'S THE ONE WITH CURLY LOCKS). THEY CAN WHIP UP A LUSCIOUS PICNIC BASKET IN LESS TIME THAN IT TAKES TO GET THE CAR OUT OF THE GARAGE. THEY FORGOT ONE THING THIS TIME, THOUGH! KNOW WHAT IT WAS?



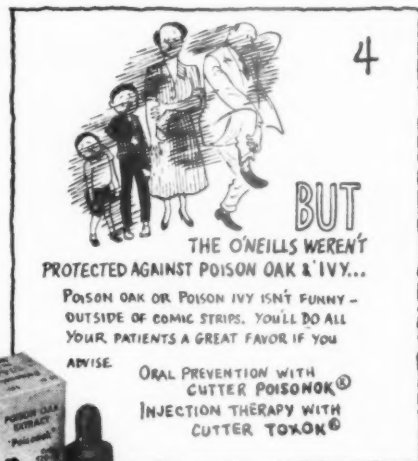
IT'S A HAPPY DAY **BUT**

THE O'NEILLS SHOULD HAVE SELECTED ANOTHER SPOT—AWAY FROM THAT PARTICULAR BUSH. THEY'LL PAY FOR THEIR IGNORANCE TOMORROW... ALL BUT LITTLE JANEY, WHOSE MOTHER KNOWS A THING OR TWO ABOUT PRETTY GREEN LEAVES AND PROTECTION AGAINST 'EM.



THEY ALL HAD A GOOD TIME **BUT**

WHAT IN THE WORLD IS THAT PRETTY BUNCH OF GREEN LEAVES MOM IS BRINGING HOME? SHE'LL KNOW BETTER NEXT TIME BECAUSE THE O'NEILLS ARE GOING TO GET SOME GOOD ADVICE TOMORROW FROM NEXT-DOOR JANEY'S MOTHER.



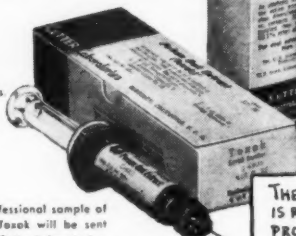
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*by a modification of Folin's method	

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Same, inoculated with B. Proteus, incubated with Dennison Diaper Liner for 24 hrs. at 37°C.	0.01

2. Dennison Diaper Liners are also of great value in collecting a stool for examination. The specimen may be sent to the laboratory intact because of the strength of these liners, wet or dry.

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PUBLIC HEALTH NURSE: To serve as supervisor of nurses, county health department. [Turn the page]



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REGISTERED NURSES: Supervisor, 11-3 p.m. Surgical, 7-3. 8 hour day, 6 day week. Attractive salary with deductions for maintenance. Sick leave, vacations. Apply Director of Nursing, Parkview Hospital, 1920 Parkwood Avenue, Toledo, Ohio.

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SUPERVISOR, OPERATING ROOM: General, 350 bed hospital, metropolitan area of East. \$4200, maintenance. RN6-15 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

SUPERVISOR, PEDIATRIC: General hospital, patient average 200. College town, two hours' drive from Chicago. \$250, maintenance. RN6-16 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

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SURGICAL NURSE: New hospital, Oregon. \$235 and maintenance. Attractive location. Apply Norma Rohl, The Medical Center Agency, 26 O'Farrell St., San Francisco, Calif.

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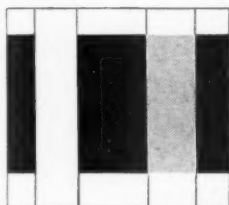
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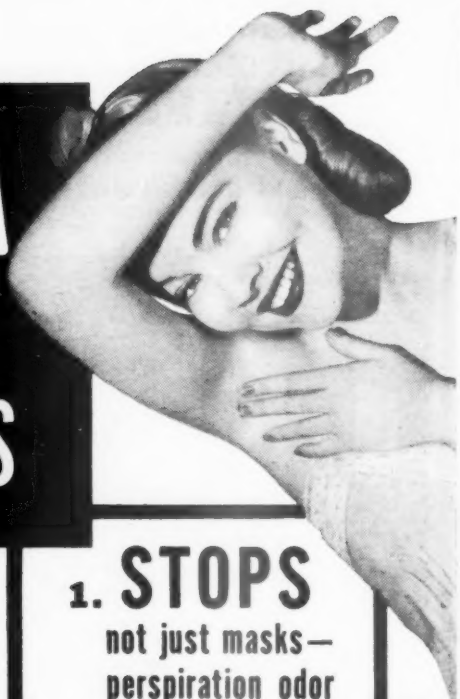
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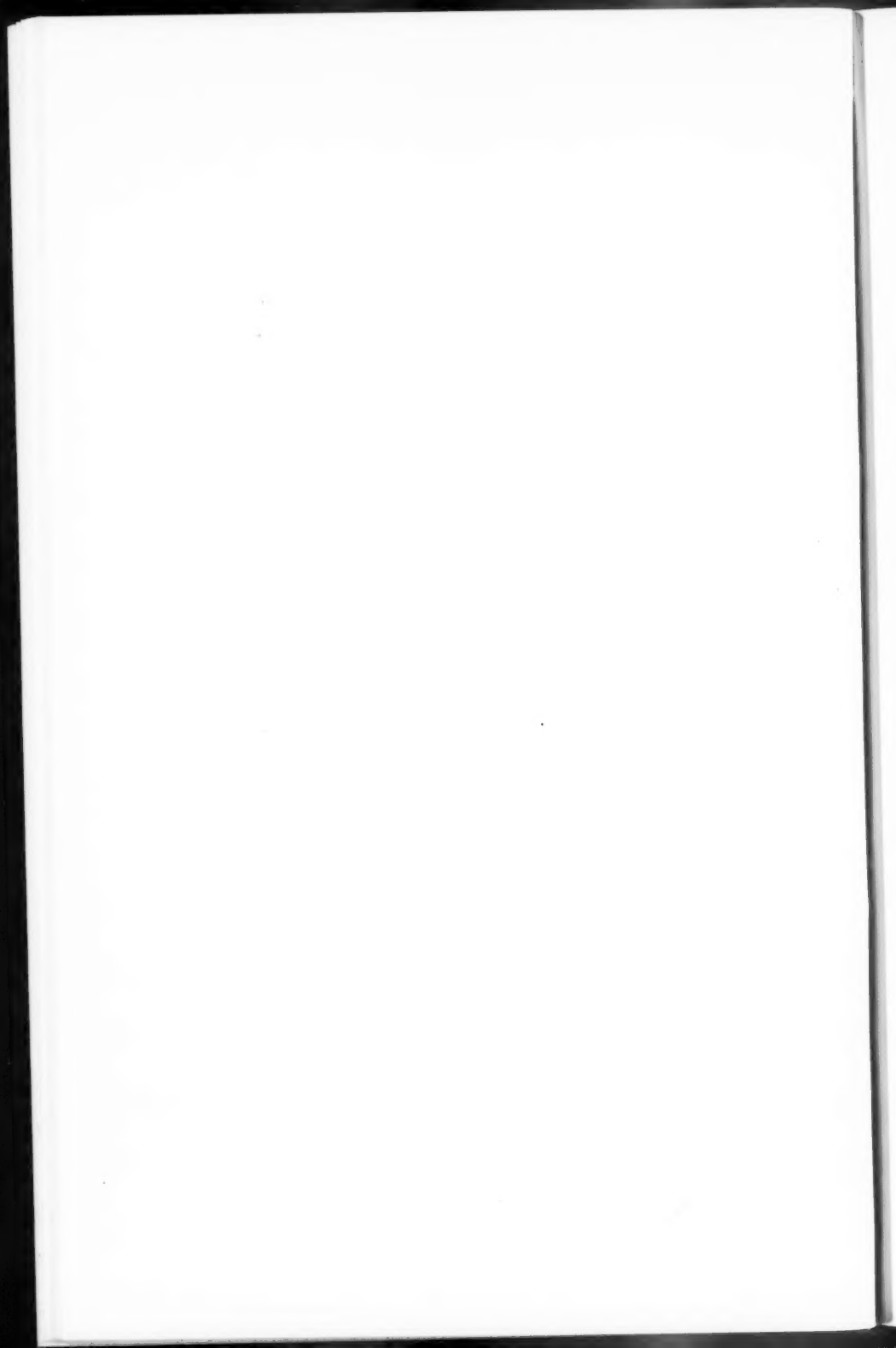


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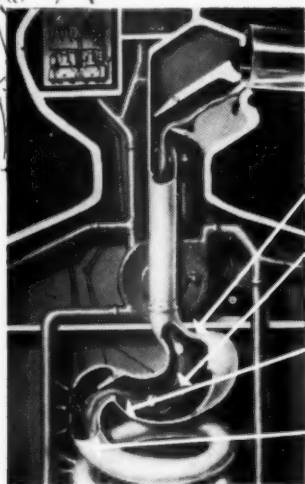


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